

Reference Letter Form

APPLICANT:

Please write your name below, and send this form to the individual you have asked to provide your reference report. The reference should be returned directly to Texas Wesleyan University Graduate Admissions, 1201 Wesleyan Street, Fort Worth, TX 76105.

Applicant's Name: _____

Program of Interest: _____

OPTIONAL WAIVER OF RIGHTS:

Under the family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. In order to encourage candor on the part of the individual completing this form, the student may choose to waive the right of access of this reference report. If you wish to waive the right to examine this reference report, please sign below. If left unsigned, you will have access to the report upon acceptance to the Graduate Studies in Counseling.

Applicant's Signature: _____ Date: _____

INDIVIDUAL PROVIDING REFERENCE:

Thank you for taking time to assist the Admission Committee in evaluating the applicant named above. This form is provided for your convenience only. Your comments are welcome in whatever format you think is suitable. Since federal legislation grants students and former student's access to references such as this, the report can be taken in confidence only if the above Optional Waiver of Rights is signed by the applicant.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please comment on any strengths and weaknesses you feel may affect the candidate's performance in graduate studies and in a career in this field.

For each of the qualities listed below, please rate the applicant with regard to his/her potential to successfully complete a Master's Degree in Counseling.

	Superior	Excellent	Good	Average	Poor	Unknown
Intellectual Ability						
Maturity						
Motivation						
Leadership Potential						
Interpersonal Skills						
Oral Communication						
Written Communication						
Skills						
Creativity						

Please indicate your overall recommendation for this applicant:

- Strongly recommend. (The applicant has the potential to be an outstanding student and future educator)
- Recommend. (The applicant should be admitted and will probably perform at an average or above average level.)
- Recommend with reservations. (Although the applicant's qualifications are marginal, he/she should be given the opportunity to pursue graduate studies in counseling.)
- Do not recommend.

Name/Title: _____

School or Company: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____