

RECOMMENDATION FORM

Master of Arts in Counseling Program



The applicant named below is applying for admission to the Master of Arts in Counseling program at Lakeland University and is asking you to provide an academic or professional (circle one) reference. Criteria for admission to the program requires an educational/professional evaluation of the applicant. Your assistance in this process is much appreciated.

Your Name:

To the Applicant: *The graduate program requires two professional recommendations to be submitted on your behalf. Please add the names and contact information of those that you would like to write a recommendation on your behalf. * The form is confidential and will be used only for admission purposes and will not become part of the student's record.*

Student Name:

Date:

EMPLOYMENT INFORMATION

Organization:

Position:

Address:

Phone:

City:

State:

Zip:

How long have you known the applicant?

Please describe the relationship:

PLEASE COMMENT AND PROVIDE EXAMPLES OF THE APPLICANT'S:

Overall attitude and potential to succeed in graduate school:

Interpersonal skills and ability to relate to others:

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Motivation and initiative:

Critical thinking skills:

Comments in general, including areas of concern:

Please check one:

Strong Recommend Recommend Do not recommend

Signature:

Date:

For questions or concerns and to return this form please contact: