SCHOOL OF GRADUATE STUDIES RECOMMENDATION

Applicant: Complete this top section

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

1. Name of applicant

2. Graduate program to which application is being made

3. (Optional) I hereby waive my right of access to the material recorded below:
   Signature of applicant

To the Respondent:

Part 1: Please answer the following questions about the applicant

- Discuss the applicant’s aptitude for graduate level education and training

- What makes the applicant a viable candidate to work in the counseling field?

Part 2: Please check the spaces below which focuses on the applicant’s academic ability and preparation, their motivation, and maturity.

Compared to people I have taught or with whom I have worked, I rate this candidate as follows:

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have known this applicant for approximately ______ years. During this time, I have been the applicant’s ______ professor, _____ Adviser/mentor, _____ supervisor, _____ colleague, _____ other (please specify) _____________________________________________

In sum, I offer a very (strong) (average) (below average) recommendation.

Respondent’s signature

Name (printed or typed)

E-mail

Address

Daytime phone

Send completed form to:
Office of Graduate Admissions, P.O. Box 2520, St. Bonaventure, NY 14778 or fax to 716-375-4015

11/2020