

Applicant: Complete this top section

Date _____

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:

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Academic Preparation					
Motivation					
Maturity					

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 _____ Title _____

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