

Applicant's Name (print) _____

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is understood that the recommendations will remain confidential. Please mark the appropriate phrase below indicating your option and sign your name.

- I waive my right to review this recommendation.
 I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

To the reference: The above named applicant is applying for admission to PSI and is asking you to furnish a reference. PSI provides master's-level training in professional counseling and marriage and family therapy from a Christian perspective. The Admissions Committee would appreciate your frank evaluation of the applicant's academic/professional performance.

How long have you known the applicant? _____ Years _____ Months

How well do you know the applicant? Very well Well Not very well

I have known the applicant As an undergraduate As an undergraduate assistant As an advisee
 As a graduate student Other (please specify) _____

The applicant has taken None of my classes One of my classes Two or more of my classes

Compared with _____ (please indicate reference group: college seniors, first-year graduate students or other), I consider applicant's intellectual ability to be in the
 Lowest 25% Upper 25% Upper 5% Middle 50% Upper 10%
 Upper 1% Inadequate opportunity to observe the applicant

Characteristics (please check)

	Very Low 1-25%	Modest 25-50%	Good 50-75%	Very Good 75-90%	Outstanding 90-95%	Truly Exceptional 95-100%	Unable To Judge
Academic/professional ability							
Creative, innovative thinking							
Capacity for objective evaluation of self							
Empathic capacity							
Ability to work independently							
Capacity to handle stress							
Open-mindedness, tolerance for differences							
Energy level at work							
Commitment to psychology							

Does the applicant have any personality characteristics that would interfere with work in the counseling field?

Please check the items below to answer this question.

	Definitely No	Possibly Yes	Definitely Yes			Unable to Judge
			Minor	Moderate	Significant	
Anxious, fearful						
Dependent						
Low self-esteem, unusual need for approval						
Manipulative						
Hostile, angry						
Shy, sensitive to criticism						
Pushy, aggressive						
Impulsive, hasty						

In general, how would you rate the applicant's potential for counseling work?

- Poor
 Fair
 Good
 Excellent
 Unable to determine

Indicate the strength of your overall endorsement of the applicant.

- Highly recommend
 Recommend with some reservations
 Recommend
 Do not recommend

* You may provide additional comments or information regarding the applicant on a separate sheet.

Name (print) _____

Address _____

Signature _____ Phone _____ Date _____

Thank you for your time in completing this reference. Please return this form to:

PSI Admissions Office
McCarty Building
2055 Mount Paran Road, N.W.
Atlanta, GA 30327
404-233-3949