



Aquinas College
Master of Art in Clinical Mental Health Counseling

RECOMMENDATION FORM

Applicant: Please complete the top section of this form and forward it to each of your three recommenders to complete and submit the evaluative portion. Scans of original signed forms will be accepted. Once submitted, forms become the property of Aquinas.

Legal Name of Applicant: _____ Date: _____

Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, students who are accepted and who matriculate into the program for which they applied are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of waiving access or declining to waive access.

I WAIVE my right of access to this letter of recommendation. Aquinas may consider it confidential.

OR

Signature of Applicant

I DO NOT waive my right of access to this letter of recommendation.

Signature of Applicant

If the applicant has signed to waive access, Aquinas assures the recommender that this form will be held in strict confidence.

Recommender: Before you agree to submit a recommendation, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act (FERPA) of 1974 as presented above.

Name: _____ Date: _____

Institution: _____ Title: _____

Email: _____ Phone: _____

How long have you known the applicant? 0-6 months 6-12 months 1-3 years 3 years or longer

How well do you know the applicant? slightly moderately very well

I have known the applicant as: a student an employee a colleague other:

Please rate the applicant in comparison to others you have known at similar states of their academic and/or career development.

Table with 7 columns: Characteristic, Upper 5%, Upper 10%, Upper 25%, Upper 50%, Lower 50%, Cannot Judge. Rows include Oral Expression, Emotional Maturity, Ethical Responsibility, Multicultural Competence, Potential for Professional Growth, Empathy, Ability to Work with Colleagues, Potential for Success in Graduate Program.

Please comment below on the applicant's character and ability succeed in advanced graduate study and research. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. You may opt to attach a letter instead of commenting below.

In lieu of commenting below, please see attached letter.

Please indicate your overall recommendation of this applicant:

I RECOMMEND this applicant.

OR

I DO NOT RECOMMEND this applicant.

Signature of Recommender

Please scan the completed form and email it as a PDF to Stacia Barczak at stacia.barczak@aquinas.edu. If you have written a letter, please send that as a PDF as well.

Alternately, you can mail the information to:
Stacia Barczak
Aquinas College
Academic Affairs, AB 115
1607 Robinson Rd SE
Grand Rapids MI 49506