



Enrollment Processing Services (EPS)
Attn: Center for Psychological Studies
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905

RECOMMENDATION FOR MASTER'S DEGREE STUDY

Social Security Number

Name of Reference

Applicant's Name

TO THE APPLICANT: This form should be given to professors and/or employment supervisors who are able to comment on your qualifications for graduate study in counseling. Relatives and/or spouses are not acceptable references. For the convenience of the person completing this form, you should include a stamped envelope addressed to

Nova Southeastern University
Enrollment Processing Services
Attn: Center for Psychological Studies
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905

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 known that they will remain confidential. It is your option to waive or retain your right to access these recommendations.

To be acceptable, this form must have the appropriate phrase marked below and your signature.

[ ] I waive my right to review this recommendation.

[ ] I do not waive my right to review this recommendation.

Date

Applicant's Signature

TO THE EVALUATOR: The above-named individual is applying for admission to a specialist/master's degree program in counseling at Nova Southeastern University and would appreciate your evaluation of his or her academic/professional work on the enclosed form. In addition, please include a letter of recommendation written on your letterhead. We are particularly interested in your opinion regarding the following:
1. The applicant's ability to profit from a specialist/master's degree program
2. The applicant's maturity and emotional stability
3. The applicant's oral and written communication skills
4. The applicant's empathy with, or sensitivity to, others
5. The applicant's potential for being effective in a profession requiring counseling activities

Social Security Number \_\_\_\_\_

Name of applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years \_\_\_\_\_ months.

I have known the applicant:  slightly  fairly well  very well

I have known the applicant:  as an undergraduate student  as a teaching assistant  
 as a graduate student  as an employment supervisee  other \_\_\_\_\_

Indicate the population with which the applicant is being compared in this rating:

undergraduate students I have taught or known  doctoral students I have taught or known  
 master's degree students I have taught or known  colleagues with whom I have worked

According to the population specified in the last item, rate the applicant on the following characteristics (NBJ=no basis for judgment). If, in your opinion, any of your ratings require further elaboration, please include that elaboration, along with other comments, in your personal letter of recommendation.

Characteristics	Lower 50%	Upper 51–70%	Upper 71–85%	Upper 86–95%	Top 5%	NBJ
Academic Ability						
General Knowledge						
Oral Expression						
Writing Ability						
Originality, Creativity						
Social Awareness/Concern						
Emotional Maturity						
Productivity						
Ability to Work with Others						
Ability to Meet Deadlines						
Leadership Skills						
Persuasive Ability						
Independence/Initiative						
Professionalism						
Research Skills						
Clinical Skills						
Dependability						
Carefulness in Work						
Judgment						

My overall recommendation of this candidate:

not recommended  recommended with some reservations  recommended  highly recommended

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution or affiliation

THANK YOU FOR COMPLETING THIS FORM.