



**RECOMMENDATION FOR ADMISSION**

***This section to be completed by the applicant. Please type or print.***  
*(please make one copy of this form for each person submitting a referral)*

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant's choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access. We encourage candidates to waive their rights to ensure that the respondent's assessment is honest and accurate.

- I do waive my rights to inspect the contents of the following recommendation.
- I do not waive my rights to inspect the contents of the following recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***This section to be completed by reference respondent. (Note: Confidentiality of letters of recommendation cannot be guaranteed unless applicant waives right of access.)***

**Directions to respondent:** The person named above is applying for admission for the Graduate Counseling Program at Huntington University. Please indicate (√) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

<b>Abilities and Competencies</b>	<b>Outstanding Top 10%</b>	<b>Very Good Upper 25%</b>	<b>Average</b>	<b>Below Average</b>	<b>Inadequate Opportunity to Observe or Assess</b>
General Knowledge of Field					
Interactions with Others					
Ability to Work in a Group					

Problem Solving Skills					
Critical Thinking Skills					
Personal Responsibility					
Ethical Conduct					
Oral Communication Skills					
Written Communication Skills					
Leadership Skills					
Motivation and Initiative					

How long have you known the applicant?

In what capacity?

Please indicate your overall endorsement of the applicant for graduate studies:

Recommend highly     Recommend     Recommend with reservation (please explain)

Additional comments:

Name of Respondent \_\_\_\_\_  
(Please print or type)

Position/Title \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:  
**Graduate School of Christian Ministries**  
Huntington University  
2303 College Ave.  
Huntington, IN 46750  
Fax: 260-359-4126