

Florida Gulf Coast University College of Education Counselor Education Program Recommendation Form

To the Applicant: This form should be given to: (a) a professor, outside the FGCU Counselor Education program, with whom you have studied; **or** (b) an employee supervisor under whom you have taught or worked. The recommender should be able to comment on your qualifications for graduate study and as a participant in the counseling profession.

1. Are you applying for the school counseling or mental health counseling program? (Check one)
 School Mental Health

<i>Applicant</i>	Recommender
Your Name:	Your Name:
Social Security #:	Your Organization and address:
Your address:	Your Title:
City, State, Zip	Relationship to applicant:

You may wish to retain your right to review information provided by the recommender you choose. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the Florida Gulf Coast University Counselor Education Faculty are affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

- I **do** waive my right of subsequent access to this recommendation form.
 I **retain** my right of subsequent access to this recommendation form.

SIGNATURE

DATE

PLEASE MAIL DIRECTLY TO:

Graduate Admissions
 10501 FGCU BLVD SOUTH
 FT. MYERS, FL 33965-6565

Applicant Name _____ **Date:** _____

To the Recommender: The above named individual has applied for admission to our Masters degree program in either mental health counseling or school counseling. We are asking you to provide information and evaluation concerning this applicant's ability to successfully complete graduate study in counseling and/or their potential for success in the counseling profession.

1. How long and under what circumstances have you known the applicant? _____
2. Please rate the applicant with others with whom you have worked in a similar capacity by placing a check (✓) in the appropriate box.

Qualities	Lower Third	Middle Third	Upper Third	Top 10%	Not Able to Judge
Ability to collaborate with others					
Creativity					
Emotional maturity and stability					
Ethics/Personal integrity					
Flexibility					
Friendliness					
Initiative and self-direction					
Intellectual ability/critical thinking					
Interpersonal skills					
Leadership					
Observed competence					
Potential as counselor					
Psychological health					
Quality of work					
Response to feedback					
Tolerance for ambiguity					
Writing ability					

3. On separate letterhead, please attach a letter which includes a description of the applicant's particularly relevant strengths, limitations, and other pertinent information that might help us in making our decision.
4. At what level of overall confidence would you recommend the applicant:

Not recommend

Recommend with reservations
(please specify below)

Recommend

Strongly recommend

Recommender Signatures and Information

Name (PRINT)

Date

Signature of recommender

Email address