



Ed.D. in Professional Counseling and Supervision

Professional Letter of Recommendation Form

University of West Georgia • Carrollton, Georgia 30118-4160

Section 1: This section is to be completed by the applicant.

SSN or UWG ID _____ / _____ / _____ Name of Applicant: _____
Please Type or Print

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential, or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the individual completing this form and the Graduate School will be advised of your choice.

_____ **Confidential.** I waive my right of personal access to this reference and grant permission for this letter of recommendation to be held confidential by the University of West Georgia.

_____ **Open File.** I retain the choice of having letters of recommendation available to me.

Signature of Applicant: _____ Date: _____

Section 2: This section is to be completed by the professional making the recommendation.

An applicant to the University of West Georgia's Ed.D. in Professional Counseling and Supervision program has listed you as a reference. We would greatly appreciate your completing this form at your earliest convenience because we cannot consider the application without it. Please understand that the applicant has the right to review this form unless otherwise specified by their signature on the confidentiality waiver (e.g., FERPA).

1. How long have you known the applicant? _____ years _____ months
2. How well do you feel you know the applicant professionally? _____ Casually _____ Well _____ Very Well
3. What is the nature of your relationship with the applicant? _____

Section 3: Please rate the applicant in the areas below, any additional information in the space provide is especially helpful.

1. The applicant is highly reliable and on time? _____ Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____ Don't Know

2. The applicant is open to feedback on his/her performance. _____ Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____ Don't Know

3. The applicant communicates verbally in a clear, straight forward manner. _____ Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____ Don't Know

4. The applicant communicates well through written communication. _____ Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____ Don't Know

5. The applicant demonstrates perseverance in the completion of tasks and responsibilities. _____Strongly Agree _____Agree _____Strongly Disagree _____Disagree _____Don't Know

6. The applicant has demonstrated professional and advocacy skills in the field of Counseling. _____Strongly Agree _____Agree _____Strongly Disagree _____Disagree _____Don't Know

7. The applicant has social skills necessary to be effective with others. _____Strongly Agree _____Agree _____Strongly Disagree _____Disagree _____Don't Know

8. Considering the applicant's academic and/or professional record, please indicate your overall assessment of the applicant's potential for scholarship.

_____ Highly Recommend _____ Recommend _____ Recommend with Reservation _____ Do Not Recommend

Additional Comments:

Section 4. Reference Information – Reference Name / Contact Information

Name _____

Title: _____ Organization: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we have any questions? _____Yes _____No

The University of West Georgia provides equal opportunity and affirmative action in education and employment for qualified persons regardless of race, color, sex, religion, national origin, or veteran status.