

The Graduate School  
University of West Georgia  
1601 Maple Street  
Carrollton, GA 30118.

University of West Georgia  
**Ed.D. in Professional Counseling and Supervision**  
*Letter of Professional Recommendation Form*

**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.**

You have been asked to recommend the above person for admission into the Professional Counseling and Supervision Ed.D. program, at the University of West Georgia. We would greatly appreciate your completing this form at your earliest convenience because we cannot consider the person's application without it. Upon request, the applicant may review this form unless the above waiver has been signed.

- How long have you known the applicant? \_\_\_\_\_ years      \_\_\_\_\_ months
- How well do you feel you know the applicant professionally?       casually       well       very well
- What is the nature of your relationship with the applicant? \_\_\_\_\_

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

- The applicant is highly reliable and on time?       strongly agree       agree       disagree       strongly disagree       don't know

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- The applicant is open to feedback on his/her performance.       strongly agree       agree       disagree       strongly disagree       don't know

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- The applicant communicates verbally in a clear, straight forward manner.       strongly agree       agree       disagree       strongly disagree       don't know

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4. The applicant communicates well through written communication.

strongly agree    agree    disagree    strongly disagree    don't know

5. The applicant demonstrates perseverance in the completion of tasks and responsibilities.

strongly agree    agree    disagree    strongly disagree    don't know

6. The applicant has demonstrated professional and advocacy skills in the field of Counseling.

strongly agree    agree    disagree    strongly disagree    don't know

7. The applicant has social skills necessary to be effective with others.

strongly agree    agree    disagree    strongly 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.

strongly recommend    recommend    recommend with reservation    do not recommend

**Additional Comments:**

**Section 4. Information about Person Providing this Recommendation.**

Please TYPE or PRINT. Thank you.

Please seal your completed recommendation form in an envelope (to be provided by the applicant) and sign the flap. Please return the envelope to the applicant who will send it to the Graduate School at the University of West Georgia as part of the application packet.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

May we contact you if we have additional questions?    Yes    No