

Return completed
recommendation form with the
complete application packet to:

Please duplicate as needed.

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

University of West Georgia
Ed.D. in Professional Counseling & Supervision

Letter of 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: Knowledge of the Applicant.

This section is to be completed by the person making the recommendation.

You have been asked to recommend the above person for admission into the Ed.D. program in Professional Counseling & Supervision 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.

As you complete this form, we ask that you keep the mission of the program in mind:

The mission of the Professional Counseling and Supervision Program is to prepare School and Community Counselors to be exemplary leaders in professional counseling and supervision and in program evaluation. In addition, they will demonstrate a commitment to helping marginalized and underserved populations in the communities, schools and agencies they serve.

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. Evaluation

Please rate the applicant in the areas below, keeping in mind the mission of the program. Please provide any additional information in the space provided.

1. The applicant shows leadership skills in his/her field. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

2. The applicant has demonstrated commitment to marginalized populations. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

3. The applicant communicates well orally. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

4. The applicant communicates well through written communication. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

5. The applicant demonstrates perseverance toward goals. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

6. The applicant is knowledgeable in his/her field. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

7. The applicant has appropriate social skills necessary to be an effective leader ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

8. The applicant is able to solve difficult problems. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

9. The applicant has the leadership potential to be a change agent in the professional environment. ~ ~ ~ ~ ~
strongly agree disagree strongly don't know
agree disagree

10. Considering the applicant's academic and/or professional record, ambition, and determination, please indicate your recommendation. ~ ~ ~ ~
strongly 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: _____

City State Zip

Telephone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

May we contact you if we have additional 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.~~