

# RECOMMENDATION FORM

Graduate Studies | Master of Arts in Counseling Program



**LAKELAND  
UNIVERSITY**

The applicant named below is applying for admission to the Master of Arts in Counseling program at Lakeland University and is asking you to provide an academic or professional (circle one) reference. Criteria for admission to the program requires an educational/professional evaluation of the applicant. Your assistance in this process is much appreciated.

Your Name:

**To the Applicant:** *The Family Educational Rights and Privacy Act of 1974 opens many educational records for a person's inspection. The law also permits the person to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver signifying that the recommendation will remain CONFIDENTIAL; no signature means the applicant will have the right to read this recommendation.*

Student Name:

Student Signature:

Date:

## EMPLOYMENT INFORMATION

Organization:

Position:

Address:

Phone:

City:

State:

Zip:

How long have you known the applicant?

Please describe the relationship:

## PLEASE COMMENT AND PROVIDE EXAMPLES OF THE APPLICANT'S:

Overall attitude and potential to succeed in graduate school:

Interpersonal skills and ability to relate to others:

**Motivation and initiative:**

**Critical thinking skills:**

**Comments in general, including areas of concern:**

**Please check one:**

Strong Recommend

Recommend

Do not recommend

**Signature:**

**Date:**

***For questions or concerns and to return this form please contact:***