

## RECOMMENDATION FORM

**TO THE APPLICANT:** This form is to be completed by an individual who is able to evaluate your academic and/or professional qualifications for the graduate study in Counselor Education. For the convenience of the person completing this form, please, provide the information requested below and on page 2. Attached a stamped envelop addressed to the Department Chair, Department of Counselor Education, University of Hawaii at Manoa, 1776 University Avenue, WA2-221, Honolulu, Hawaii 96822. The form must reach the department by March 1.

Name of Applicant: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Degree sought: M.Ed. in Counselor Education, with specialization in (circle one only)

School Counseling

Rehabilitation Counseling

Community Services Counseling

*I (the applicant) understand that federal legislation provides me with a right of access to this recommendation; this right may be waived if I so choose. No one may require that I waive this right.*

**APPLICANT:** Please, sign on the next line if you decide to waive your right of access, thus making this recommendation a confidential document.

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

**TO THE RESPONDENT:** Please, use this form to evaluate the applicant's professional as well as personal qualifications for graduate study in Counselor Education.

1. How long have you known the applicant? \_\_\_\_\_

2. What is the nature of your professional relationship with the applicant? (professor, employer, etc.)

\_\_\_\_\_

3. What specific strength does the applicant have which you feel are strong arguments for admission?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What specific weaknesses does the applicant have which you feel might interfere with applicant's academic performance and progress toward the completion of the degree?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. In comparison with other individuals whom you have ever recommended for graduate study, please rate this applicant in terms of each of the following qualifications by placing an "X" in the appropriate column.

Exceptional  
(top 2%)  
Well Above Average  
(top 10%)  
Above average  
(top third)  
Average  
(middle third)  
Below Average  
(bottom third)  
No data on which to base  
judgment

Ability to express self verbally						
Ability to express self in writing						
Ability to reason analytically						
Ability to work independently						
Ability to work as member of a group						
Level of creativity						
Level of academic enthusiasm						
Level of perseverance to complete assigned or selected tasks						
Motivation to pursue graduate study						
Likelihood of postgraduate contributions to the field of counseling						

6. If the applicant were applying to a graduate program of study within which you were a practicing professional or a faculty member, describe how strongly you would argue for admission?

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7. If you feel you'd like to offer additional comments not covered by this form and which you consider relevant to the admission decision, please, use a separate page.

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

Name and position: \_\_\_\_\_

Address/e-mail address: \_\_\_\_\_

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**The faculty members of the Department of Counselor Education at the University of Hawaii want to express our collective "Thank You" for your assistance.**