

Marshall University
Counseling Program Reference Form

Please submit completed form to Marshall University Graduate Admissions by:

- Uploading to Applicant Portal via secure link emailed by Marshall University Admissions, or
- Emailing to Marshall University Graduate Admissions at graduateadmissions@marshall.edu.

Applicant Name: _____ MU Student ID #: _____

Person Providing Reference: _____

Title and Organization: _____

Email Address: _____ Phone: _____

Signature of person providing reference _____ Date _____

How long have you known the applicant? _____

How well do you know the applicant? _____

In what capacity do you know the applicant? _____

Please place an X in the response area that best reflects your rating of this applicant. Responses that are entered on this form are used along with other information provided by the applicant solely for the purpose of determining the applicant's qualifications for admission to the Counseling Program. Please do not refer to the applicant's race, religion, national origin, or ancestry.

Characteristic	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Dependability					
Responsibility					
Intellectual ability					
Motivation to pursue graduate study					

Self-awareness					
Embraces diversity					
Composure under difficult circumstances					
Rapport with supervisors/students/others					

Please provide additional comments on specific applicant strengths:

Please provide additional comments on specific applicant weaknesses:
