

Reference for Counseling Program Applicants

Remit to:

Marshall University COEPD
 Graduate Admission Office
 100 Angus E. Peyton Drive
 South Charleston, WV 25303

Applicant Name: _____ Social Security or Student ID #: _____ - _____ - _____

Person Providing Reference: _____ Title: _____

Address: _____ Phone: _____

I request this reference be:

- Confidential (open to Counseling Program and Admission Personnel only)
- Open (I may review)

 Applicant's Signature

 Date

- I agree to the above designation.
- I do not agree to the above designation.

 Signature of person providing reference

 Date

For each of the traits presented below 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	Unsatisfactory	Fair	Satisfactory	Good	Excellent	N/A
Prompt	[]	[]	[]	[]	[]	[]
Dependable	[]	[]	[]	[]	[]	[]
Responsible	[]	[]	[]	[]	[]	[]
Shows Initiative	[]	[]	[]	[]	[]	[]
Cooperative	[]	[]	[]	[]	[]	[]
Appropriate Appearance	[]	[]	[]	[]	[]	[]
Rapport with Clients	[]	[]	[]	[]	[]	[]
Rapport with Supervisors/Students	[]	[]	[]	[]	[]	[]
Actively Seeks Out New Learning Experiences	[]	[]	[]	[]	[]	[]
Composure Under Difficult Circumstances	[]	[]	[]	[]	[]	[]

Additional Statement: Please give a brief opinion of the applicant's character and ability. It can be a summary of the above items or a statement of additional information. (Use back if necessary)

 Signature

 Date