

LETTER OF RECOMMENDATION
for
MISSISSIPPI COLLEGE COUNSELING PROGRAMS

Letters of Recommendation must be from an academic or professional source who observed the applicant in a supervisory position.

Please check one: _____ Educational Specialist – Counseling _____ Master of Education - School Counseling
 _____ Master of Science in Marriage and Family Counseling
 _____ Master of Science in Mental Health Counseling

Name of Applicant _____ Social Security Number _____

Wavier of Access: I agree that this recommendation will remain confidential.

Signature of Applicant (Optional)

1. How well have you known the applicant? How long and in what capacity?

2. Give your opinion of the applicant's qualifications to do graduate work in this field?

3. How do the applicant's vocational goals and objectives relate to the MSCP Program?

Please rate the applicant in the following categories:

	Excellent	Above Average	Average	Below Average
Writing Ability				
Speaking Ability				
Knowledge of Study Area				
Openness to Self-Examination				
Openness to Personal Development				
Openness to Professional Development				
Ability to Work Independently				
Interpersonal Skills:				
Individual				
Small Group				

Please check ONE:

_____ I would strongly recommend for the Master Degree Program checked above.

_____ I would recommend with reservations for the Master Degree Program above.

_____ I would not recommend for the Master Degree Program above.

Please indicate applicant's promise for success in a graduate program.

() Outstanding () Above Average () Average () Poor

Signature _____ Date _____ Institution _____

Name (Please Print/Type) _____ Title _____ Address _____

PLEASE RETURN TO: MISSISSIPPI COLLEGE, GRADUATE OFFICE, BOX 4029, CLINTON MS 39058