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 **MC ID 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

ltrrec.frm