RECOMMENDATION FORM
COUNSELING GRADUATE PROGRAM
UNIVERSITY OF HOLY CROSS
NEW ORLEANS, LOUISIANA

Please return this completed form to Dr. Carolyn White, Chair, Department of Counseling and Behavioral Sciences, at cwhite@uhcno.edu.

Program for which individual is applying:
___ Master's degree program in counseling
___ PhD degree program in counseling

Name of applicant:

Your name:

Your email address:

Your phone number:

Your professional position:

Your place of employment, city, and state:

How do you know the applicant?

How long have you known this applicant?

Please rate the applicant in each of the following areas using the scale below:

4 = performs at the top third of peers
3 = performs at the top half of peers
2 = performs in the bottom half of peers
1 = have not observed; cannot rate

___ Demonstrates aptitude for high level of academic achievement.

___ Demonstrates potential for success in forming effective counseling relationships.

___ Demonstrates potential for success in completing an online graduate degree program.

___ Demonstrates potential for forming effective relationships with diverse populations.

___ Demonstrates ability to work effectively with others.

___ Demonstrates a strong work ethic.

___ Demonstrates ethical decision-making.

___ Demonstrates strong interpersonal communication skills.

___ Demonstrates ability to write in a professional manner.

___ Demonstrates professional oral communication skills.

___ Demonstrates reliability in performance of professional duties.

___ Demonstrates receptivity to feedback and supervision.

___ Demonstrates ability follow institutional procedures.

___ Demonstrates self-awareness.

___ Demonstrates emotional stability.

___ Demonstrates professional demeanor.

Please provide any information below that you believe would be helpful in considering this applicant for admission to a graduate degree program in counseling. If you prefer, you can attach a separate letter of recommendation.

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