



Stephen F. Austin State University Student Affairs Program Recommendation Form

To the Applicant: This form should be given to: (a) a professor, outside the SFA Counselor Education program, with whom you have studied; (b) an employee supervisor under whom you have taught or worked; and/or (c) a volunteer supervisor. The recommender should be able to comment on your qualifications for graduate study and as a participant in the student affairs profession. Recommendations will not be accepted from family members or friends.

Applicant	Recommender
Your Name:	Your Name:
Social Security #	Organization and address
Your Address	Your Title
City, State, Zip	Relationship to Student

You may wish to retain your right to review information provided by the recommender you choose. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the Stephen F. Austin State University Counselor Education Faculty are affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review. It is our policy to shred recommendation forms and letters following the admission decision.

- I do waive my right to subsequent access to this recommendation form
- I retain my right of subsequent access to this recommendation form.

SIGNATURE _____

DATE _____

PLEASE MAIL DIRECTLY TO:

*Student Affairs Admissions Committee
Box 13019, SFA Station
Nacogdoches, TX 75962-3019*

Applicant Name _____ Date: _____

To the Recommender: the above named individual has applied for admission to our Masters degree program in either school, community or rehabilitation counseling. We are asking you to provide information and evaluation concerning this applicant's ability to complete graduate study in counseling and/or their potential for success in the counseling profession.

1. **How long and under what circumstances have you known the applicant?**
2. **Please rate the applicant with others with whom you have worked in a similar capacity by placing a check (T) in the appropriate box.**

Qualities	Lower Third	Middle Third	Upper Third	Top 10%	Not Able to Judge
Ability to collaborate with others					
Creativity					
Emotional maturity and stability					
Ethics/Personal integrity					
Flexibility					
Friendliness					
Initiative and self-direction					
Intellectual ability/critical thinking					
Interpersonal skills					
Leadership					
Observed competence					
Potential as a professional					
Psychological health					
Quality of Work					
Response to feedback					
Tolerance for ambiguity					
Writing ability					

3. **On a separate letterhead, please attach a letter which includes a description of the applicant's particularly relevant strengths, limitations, and other pertinent information that might help in making our decision.**
4. **At what level of overall confidence would you recommend the applicant?**

Not Recommend
 Recommend with Reservations
 (Please specify below)
 Recommend
 Strongly Recommend

Recommender Signatures and Information

 Name (PRINT) Date

 Signature of recommender Email address

Stephen F. Austin State University does not discriminate on the basis of age, race, color, national or ethnic group, religious preference, disability, or sex in any aspects of its operations.