



Missouri Valley College

This portion must be completed by **Applicant** before submitting recommendation form to the evaluator.

- 1) ___ I waive my right to view the contents of this letter. I understand that my decision to waive my right to review the evaluator comments submitted on this form will not affect the decision of the Admissions Committee.*
- 2) ___ I do not waive my right to view the contents of this letter. I understand that my decision to review the evaluator comments submitted on this form will not affect the decision of the Admissions Committee. *

**Please note: The Family Education Rights and Privacy Act of 1974 accords admitted students the right to review these recommendation forms unless that right is waived.*

Applicant Name: _____

(PLEASE PRINT)

Current Address: _____

Street/Number

City/State/Zip Code

E-mail: _____ Phone: (____) _____

Anticipated Enrollment Year/Term: _____

Applicant Signature: _____

To the **Evaluator**: This individual is a candidate for the graduate program at Missouri Valley College Master of Arts in Community Counseling. Please direct your response by mail or email attachment to:

Admissions Committee
Master of Arts in Community Counseling
500 E. College
Marshall, MO 65304

Your candid and accurate evaluation is appreciated.

Name of Evaluator (Ms/Mrs/Mr): _____ Highest Degree Earned: _____

Address: _____ Telephone: _____

Business/Institution: _____ Position: _____

Email address: _____

Recommendation

1. I have known the applicant for _____ Years _____ Months.
2. To what extent do you know the applicant?
Slightly Fairly well Very well
3. In what capacity do you know the applicant:
Student Advisee Employee Other _____

4. Please rate the applicant's potential for work in field of mental health:

Excellent Good Average Below Average No basis for judgment

Comments: _____

5. Emotional Readiness to begin work in the mental health field:

Above Average Average Below Average Unsatisfactory

Comments: _____

6. Integrity of candidate (moral, reliability (dependability), ego):

Above Average Average Below Average Unsatisfactory

Comments: _____

7. Self-awareness of candidate (insight, appropriateness of defenses):

Above Average Average Below Average Unsatisfactory

Comments: _____

8. Tolerance of ambiguity:

Above Average Average Below Average Unsatisfactory

Comments: _____

9. Ability to manage stress:

Above Average Average Below Average Unsatisfactory

Comments: _____

10. Appropriately motivated toward success:

Above Average Average Below Average Unsatisfactory

Comments: _____

11. Intellectual curiosity:

Above Average Average Below Average Unsatisfactory

Comments: _____

12. Appropriate values and beliefs relevant to work in the mental health field:

Above Average Average Below Average Unsatisfactory

Comments: _____

13. If you are/or were associated with a graduate program, would you accept the applicant into your program?

Definitely Probably Probably Not Definitely Not No basis for judgment

Comments: _____

14. Indicate the strength of your overall endorsement of the Applicant:

Highly recommended Recommended Recommended with some reservation Not recommended

Comments: _____

Evaluator Signature

Date