



# Professional Recommendation Form

## Master of Arts in Counseling

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### Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your professional conduct, potential as a graduate student and your *abilities as a counselor*. This should be someone who has known you for at least one year and is not a relative. If possible, provide a recommendation from someone who has observed you in a psychology, mental health or related field.

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Last	First	Middle		
Address		City	State	Zip

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### Recommendation *(To be completed by evaluator)*

The individual whose name appears above is required to provide a reference prior to being admitted to Corban's Master of Arts in Counseling. Applicants are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation is appreciated.

1. How long have you known the applicant and in what capacity? *(Be specific)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What is your perception of the applicant's potential for success in graduate school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is your perception of the applicant's success in training to become an effective counselor for both adults and children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Qualities

	Superior	Above Average	Average	Below Average
Intellectual Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to expand or qualify any of your evaluative marks concerning the applicant.

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Evaluator's Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position or Occupation \_\_\_\_\_ Employer or Organization \_\_\_\_\_

May we contact you if we need clarification concerning this form?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:

**GRADUATE & ADULT DEGREE ADMISSIONS**

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