



MASTER OF ARTS IN COUNSELING RECOMMENDATION FORM

TO THE APPLICANT:

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students may waive their right to see letters of recommendation written on their behalf. In the belief that applicants, and the person from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to waive these rights. Your application will be reviewed without prejudice regardless of your choice. Please check one of the following boxes:

- I waive my right to view the completed letter of recommendation form and understand I will not be able to view it under any circumstances.
I do not waive my right to view the completed letter of recommendation form.

Applicant Name (Please Print) [text box]

Applicant Signature [text box]

Date [text box]

\*If above section is left blank, the applicant maintains their right to view the completed recommendation form if accepted and enrolled at Loras College.

TO THE ENDORSER:

The person named above has applied to a Loras College graduate program and is seeking your recommendation. Your frank appraisal of this student may help significantly in our attempt to determine whether his/her acceptance would be beneficial to him/her and to the graduate program.

Endorser Name [text box]

Endorser Place of Employment and Title [text box]

Endorser Email [text box]

Endorser Telephone [text box]

Endorser Address [text box] street city state zip

Date [text box]

1. How long have you known the applicant? [text box]

2. How well do you know the applicant?

- Very Well Moderately Well Slightly Not Well Enough to Recommend

3. What is the applicant's relationship to you?

- Undergraduate Student Graduate Student Professional Colleague Advisee Employee or Supervisee Other [text box]

4. Some gifted individuals achieve marginal scholastic records. In your opinion is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic ability?

Yes

No

No basis for judgment

If your answer is "NO," please explain briefly, giving consideration to the applicant's performance in independent study or in research participation programs or work history.

5. Please use the following table to rate the applicant in comparison with students or similar professional persons of his/her age and position whom you have known.

Attribute	Upper 10%	Upper 25%	Upper Half	Lower Half	No Basis for Judgment
Intellectual ability					
Originality, creativity					
Breadth of general knowledge					
Motivation for career in chosen field					
General knowledge of psychology and education					
Ability to express self orally					
Ability to express self in writing					
Ability to work with others					
Ability to work independently					
Emotional maturity and stability					
Ethical decision making					
Promise for success in graduate study					
Promise for success in chosen field					
Overall rating of applicant					

6. Please answer the question below in the space allotted. Feel free to use additional pages for further comments or to attach a written letter of recommendation (not required):

Do you know of any factors related to character and responsibility or to physical and mental health which should be considered by the admission reviewers or which should be taken into account in planning for the student's graduate work? Please explain.

*Please return this form via email directly to: [megan.henderson@loras.edu](mailto:megan.henderson@loras.edu)  
Megan Henderson, Director of Admission for Graduate and Postbaccalaureate Programs*