East Texas A&M University
Graduate Program in Counseling
Reference Form

Name of Applicant: _____ Campus Wide ID#: _____

Address: _____ City, State, Zip: _____

Program Emphasis:

☐ Clinical Mental Health Counseling, MS (60 credit hour program; LPC preparation)

☐ School Counseling, MS (48 credit hour program; Professional School Counselor Certification)

☐ College Student Affairs, MEd (30 credit hour program; non-LPC program)

I agree the recommendation I am requesting shall be held in confidence by officials of East Texas A&M University, and I hereby waive any rights to examine it.

☐ Yes ☐ No Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY THE RECOMMENDER

I have known the applicant ___ years in my professional capacity as _____ (professor, supervisor, etc.). Rate the applicant on the following:

Qualification	Excellent	Good	Average	Poor	No basis for judgment
Goodwill	☐	☐	☐	☐	☐
Intellectual capacity	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐
Willingness to accept feedback	☐	☐	☐	☐	☐
Oral expression	☐	☐	☐	☐	☐
Written expression	☐	☐	☐	☐	☐
Emotional stability	☐	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐	☐
Self-confidence	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐
Open rather than defensive	☐	☐	☐	☐	☐
Technological competence and computer literacy	☐	☐	☐	☐	☐

Signature: _____ Date: _____

Printed:_____ Position/Title: _____

Email: _____ Phone Number: _____

Submit form to the Graduate School at East Texas A&M University by mail or email. East Texas A&M University, Graduate School, PO Box 3011, Commerce, TX 75429-3011 Email: DeRene.Sutton@tamuc.edu

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In addition to the ratings on page one, provide a statement appraising the applicant's promise of success in a master's program in counseling and add comments to support and/or explain your ratings.