

LAKELAND UNIVERSITY GRADUATE STUDIES

Master of Arts in Counseling Program

RECOMMENDATION FORM

This confidential recommendation is being written for _____ who has applied for admission to the graduate program. The form will be used only for admission purposes and will not become part of the student's record. (For additional space, feel free to write on the back of this form)

Your Name _____

Organization _____ Position _____

Employment Address _____ Phone _____

City, State, Zip _____

How long have you known the applicant? _____ Please describe the relationship: _____

Please comment and provide examples of the applicant's:

1. Overall attitude and potential to succeed in graduate school:

2. Interpersonal skills and ability to relate to others:



3. **Motivation and initiative:**

4. **Critical thinking skills:**

5. **Comments in general, including areas of concern:**

Please check one:

Strongly Recommend

Recommend

Do not recommend

Signature _____ Date _____

Your time and effort is deeply appreciated. Please return the form to the appropriate center admissions advisor.

01/18/2021 10:00 AM