



Professional Reference Form

Master of Arts in Counseling

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.

Last

First

Middle

Address

City

State

Zip

☐ I waive my right to review this form once submitted to Corban University.

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 | | | | |
| Oral and Written Expression | | | | |
| Emotional Maturity | | | | |
| Desire to Achieve | | | | |
| Concern for Others | | | | |
| Dependability | | | | |
| Leadership Potential | | | | |
| Creativity | | | | |
| Personal Integrity | | | | |

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

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

I am a graduate of

☐ Corban University

☐ Other

Signature

Date

Please Return to:
CORBAN UNIVERSITY
OFFICE OF GRADUATE & ONLINE ADMISSIONS
5000 Deer Park Drive SE | Salem, OR 97317-9392
800-764-1383 | 503-589-8195 | Fax 503-585-4316