



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	<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.

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 & ADULT DEGREE ADMISSIONS
5000 Deer Park Drive SE | Salem, OR 97317-9392
800-764-1383 | 503-589-8195 | Fax 503-585-4316