

Reference for Admission to Master's Program with the Department of Counseling

TO BE COMPLETED BY APPLICANT COMPLETELY

Name of Applicant: _____ Student ID#: _____

Address: _____ City, ST Zip _____

Please select intended program emphasis:

___ Clinical Mental Health Counseling (60 Hr. program – for MS, LPC preparation)

___ School Counseling (51 Hr. Program, for MS & Sch Cert. preparation – TEA requires no less than 2 yrs. teaching experience & additional admission to Professional Education program)

___ School Counseling (60 Hr. Program, for MS, Sch Cert. preparation, with LPC preparation – TEA requires no less than 2 yrs. teaching experience & additional admission to Professional Education program)

___ College Student Affairs (30 Hrs. Program – Non-LPC Program) **MEd Degree ONLY**

I agree that the recommendation I am requesting shall be held in Confidence by officials of Texas A&M University-Commerce, and I hereby waive any rights to examine it. ___ Yes ___ No

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER

The above named person has applied to a master's program in Counseling at Texas A&M University-Commerce and has asked that you supply the information requested below.

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

Please 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 & computer literacy					

In addition to the above ratings, please provide a statement appraising the applicant's promise of success in a master's program in counseling. Please feel free to add comments to support and/or explain your ratings above. You may use the back of this form if necessary.

Signature _____ Date: _____

Name typed or printed _____ Position _____

Highest degree held _____ Telephone Number _____

Address _____ City, ST Zip _____

Please return this form to: The Graduate School, Texas A&M University-Commerce, P.O. Box 3011, Commerce, Texas 75429-3011
OR Dayla.Burgin@tamuc.edu