

Confidential Letter of Recommendation Master of Arts in Counseling

oplicant's NameFam	ily Name	Given Nam	e Midd	le Name	Socia	Security/ID	number	
egree and Program								
	Degree	Program		Term for which you		u are applyin	are applying	
Eastern Mennonite Ucision. I agree that the niversity and I hereby was a second to the control of the control o	e recommenda	ation I am reque	sting shall be he	ld in confidenc	e by officials o			
Signature of Applicant					Date			
How long and in wh	at capacity ha	ave you known	the applicant? _					
Please rate the applic	cant in compa	arison with othe	rs whom you ha	ve known at sir	nilar stages in t	heir careers		
Please rate the application	cant in compa	Exceptional Upper 5%	rs whom you ha Outstanding Next 15%	ve known at sir Very Good Next 15%	nilar stages in t	heir careers	No Basis fo	
Please rate the applic	cant in compa	Exceptional	Outstanding	Very Good	Good Next	Next	No Basis fo	
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Narrative:	
Name, title and institutional affiliation	
Address of respondent	
Signature	Date
5. <u>5</u>	2000

Please know that your help is appreciated and that your recommendation will be given serious consideration by the Admissions Committee. Please place the completed and signed recommendation form into the pre-printed return envelope, seal the envelope and sign across the flap and return the sealed envelope to the applicant. The applicant will submit the sealed recommendation with his or her application for admission. However, it is your option to mail the sealed envelope directly to:

*Master of Arts in Counseling, Eastern Mennonite University, Harrisonburg, VA 22802-2462