

Department of Counseling and School Psychology
 College of Education
 San Diego State University
 San Diego, CA 92182-1179

Marriage and Family Therapy Program Letter of Recommendation

Applicant _____

Last Name
First Name
Middle Initial

Address _____

Street City
State
Zip Code

The above named applicant has asked that you write a statement concerning her/his aptitude for graduate study in the Marriage and Family therapy program in the Department of Counseling and School Psychology, San Diego State University. The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your assistance.

Under the provisions of the Education Rights and Privacy Act of 1974, the applicant must be granted access to all papers on file unless the right has been waived.

Prospective Student must sign either **A** or **B**:

CONFIDENTIAL: The contents of this statement remain confidential. I waive my rights to see this recommendation.

NOT CONFIDENTIAL: The contents of this statement are not confidential do not wish to waive my right to see this recommendation.

 Signature

 Signature

Instructions for Returning Recommendation: The appraiser is to return the Letter of Recommendation form to the applicant who will include the Recommendation form in the application package that is presented the Department of Counseling and School Psychology. If the student has signed **confidential**, then the appraiser should sign the sealed envelope flap and the applicant is to return the Recommendation form in an unopened envelope.

	Below Average	Average	Above Average	Far Above Average	No Basis for Judgment
Intellectual Ability	_____	_____	_____	_____	_____
Interpersonal Relationships	_____	_____	_____	_____	_____
Multicultural Perspective	_____	_____	_____	_____	_____
Leadership Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Oral Skills	_____	_____	_____	_____	_____
Motivation to do Graduate Work	_____	_____	_____	_____	_____

PLEASE ANSWER THE FOLLOWING ON A SEPARATE SHEET OF PAPER:

The Admissions Committee would appreciate an evaluation and recommendation in your own words. We have included some suggestive topics. Please do not feel limited by them.

- A. Length of time you have known the candidate
- B. Circumstances under which you have known the candidate
- C. What you consider to be the candidate’s most outstanding talents or characteristics
- D. What you see as the candidate’s chief liabilities
- E. What potential you see in the candidate’s success in the Marriage and Family therapy Master’s degree program
- F. What potential you see for the candidate’s success as a Marriage and Family therapist

OVERALL EVALUATION OF THE CANDIDATE:

_____ Outstanding Candidate _____ Strong Candidate _____ Average Candidate
_____ Fair Candidate _____ Poor Candidate

Please Print: (Respondent)

Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Home Phone (Optional)	Work Phone (Optional)
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Signature of Respondent	Date
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