Missouri Valley College

This portion must be completed by **Applicant** before submitting recommendation form to the evaluator.

1) ___I waive my right to view the contents of this letter. I understand that my decision to waive my right to review the evaluator comments submitted on this form will not affect the decision of the Admissions Committee.*****

2) ___ I do not waive my right to view the contents of this letter. I understand that my decision to review the evaluator comments submitted on this form will not affect the decision of the Admissions Committee. *****

   *Please note: The Family Education Rights and Privacy Act of 1974 accords admitted students the right to review these recommendation forms unless that right is waived.

Applicant Name:_____
                         (PLEASE PRINT)

Current Address:_____ _____
                          Street/Number   *City/State/Zip Code*

E-mail:_____   Phone: (____)_____

Anticipated Enrollment Year/Term: _____

Applicant Signature:_____

To the **Evaluator**: This individual is a candidate for the graduate program at Missouri Valley College Master of Arts in Community Counseling. Please direct your response by mail or email attachment to:

Admissions Committee
Master of Arts in Community Counseling
Missouri Valley College
500 E. College
Marshall, MO 65304

Your candid and accurate evaluation is appreciated.

Name of Evaluator:_____Highest Degree Earned: _____

 Address: _____   Telephone: _____

Business/Institution: _____   Position: _____

<div align="center">

Recommendation

</div>

1. I have known the applicant for _____ years _____ months.
2. To what extent do you know the applicant?

   Slightly   Fairly well   Very well
3. In what capacity do you know the applicant:

   Student   Advisee   Employee   Other _____

4. Please rate the applicant's potential for work in field of mental health

       Excellent   Good   Average   Below Average   No basis for judgment

Comments:_____

_____

5. Emotional Readiness to begin work in the mental health field:

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

6. Integrity of candidate (moral, reliability (dependability), ego)

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

7. Self-awareness of candidate (insight, appropriateness of defenses):

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

8. Tolerance of ambiguity:

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

9. Ability to manage stress:

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

10. Appropriately motivated toward success:

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

11. Intellectual curiosity:

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

12. Appropriate values and beliefs relevant to work in the mental health field:

       Above Average   Average Below Average   Unsatisfactory

Comments:_____

_____

13. If you are/or were associated with a graduate program, would you accept the applicant into your program?

Definitely   Probably   Probably Not   Definitely   No basis for judgment

Comments:_____

_____

14. Indicate the strength of your overall endorsement of the Applicant:

Highly recommended   Recommended   Recommended with some reservation   Not recommended

_____   _____

Evaluator Signature   Date