

III. Please write a statement indicating the applicant's outstanding strengths and weaknesses, as they relate to his or her capacity to become an effective counselor and contribute to the field.

IV. Please check the category below which most accurately represents the applicant's ability to successfully complete the degree program and become an effective counselor:

- | | | | |
|----------|--------------------|----------|-----------------------------------|
| 1. _____ | Highly recommended | 3. _____ | Recommended, but with reservation |
| 2. _____ | Recommended | 4. _____ | Not recommended |

Signature _____ Date _____

Name (*please print*) _____ Position _____

Address _____
Number and Street

_____ *City* *State or Country* *Zip Code*

Daytime Telephone (_____) _____ E-Mail _____

Return completed letter of recommendation to:

College of Graduate Studies
Maxwell Library, Room 019
Bridgewater State University
Bridgewater, MA 02325