

Applicant's Name \_\_\_\_\_  
FIRST
MIDDLE
LAST

Permanent Mailing Address \_\_\_\_\_  
STREET
CITY
STATE
ZIP

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is understood that the recommendations will remain confidential. Please mark the appropriate phrase below indicating your option and sign your name.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**To the reference:** The above named applicant is applying for admission to Richmont and is asking you to furnish a reference. Richmont provides master's-level training in professional counseling and marriage and family therapy from a Christian perspective. The Admissions Committee would appreciate your frank evaluation of the applicant's academic/professional performance.

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

How well do you know the applicant?     Very well     Well     Not very well

Please provide comments on the following areas in which you have sufficient knowledge of the applicant.

|   |
|---|
| <b>APPLICANT'S STRONG POINTS, INCLUDING SPECIAL ABILITIES</b> |
|   |
| <b>APPLICANT'S WEAKNESSES</b>                                 |
|   |
| <b>FRIENDSHIPS</b>  |
|   |
| <b>EMOTIONAL MATURITY</b>                                     |
|   |
| <b>INDUSTRY, INITIATIVE AND COOPERATION</b>                   |
|   |

|                                  |
|----------------------------------|
| COMMON SENSE                     |
|                                  |
| FINANCIAL HABITS                 |
|                                  |
| PERSONAL APPEARANCE AND Demeanor |
|                                  |
| INTELLIGENCE                     |
|                                  |
| CREATIVE, INNOVATIVE THINKING    |
|                                  |
| ABILITY TO HANDLE STRESS         |
|                                  |
| EMPATHIC CAPACITY                |
|                                  |

What degree of success in graduate school do you predict for the applicant?

Unusually high     Above average     Average     Below average

I recommend     I do not recommend     I recommend with this reservation \_\_\_\_\_

**NOTE TO APPLICANT:** Prior to sending, please complete the name & address information below for each reference. Each reference will sign and date the form.

\* Reference, you may provide additional comments or information regarding the applicant on a separate sheet.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MM/DD/YYYY

Thank you for your time in completing this reference. Please return this form to:

**Richmont Admissions Office**  
**McCarty Building**  
**2055 Mount Paran Road, N.W.**  
**Atlanta, GA 30327**  
**404-233-3949**