

*Shaded section to be completed by applicant.*

Applicant's Name _____				
FIRST	MIDDLE	LAST	MAIDEN	
Permanent Mailing Address _____				
STREET	CITY	STATE	ZIP	
Email Address _____		Start Term _____		

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 \_\_\_\_\_

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

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

How well have you known the applicant and in what context (e.g. class, colleague, co-worker, etc.)?

What was the nature and frequency of your contacts with the applicant?

In rating the applicant in the following areas, what will be the group with which you will compare the applicant (e.g. college seniors, first year graduate students, colleagues, peer group, etc.)?

In making the following ratings, please keep in mind that they will be used to compare this student with other able students. Make them as realistic as you can in comparison with other college students.

ACADEMIC SKILLS	Truly Outstanding	Above Average	Average	Below Average	Unable to Judge
Ability to critically evaluate literature/ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative, innovative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of knowledge in psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall perception of academic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: \_\_\_\_\_

Some talented individuals have mediocre scholastic records. Is the applicant's record as you know it an accurate index of his/her ability? ☐ Yes ☐ No ☐ Don't know

If no, please explain briefly: \_\_\_\_\_

EMOTIONAL/PERSONAL TRAITS	Truly Outstanding	Above Average	Average	Below Average	Unable to Judge
Capacity for objective evaluation of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for handling stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness, tolerance of differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle anxiety and fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates without being pushy or aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates to others without manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms relationships with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to receive feedback constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall maturity/emotional preparedness for graduate school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on other noteworthy emotional traits: \_\_\_\_\_

INTERPERSONAL/WORK SKILLS	Truly Outstanding	Above Average	Average	Below Average	Unable to Judge
Empathic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Self knowledge"/Recognition of own personal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus and consistency at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work closely with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the intellectual and personal assets and liabilities that would influence the person's training and practice in professional psychology. Please include any areas in which you perceive that the applicant needs to grow in order to become an effective mental health professional.

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

☐ Unusually high    ☐ Above average    ☐ Average    ☐ Below average

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

You may provide additional comments or information regarding the applicant on a separate sheet.

Name \_\_\_\_\_

Business/Organization \_\_\_\_\_ Position \_\_\_\_\_

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**  
**1900 The Exchange**  
**Building 100**  
**Atlanta, GA 30339**  
**404-233-3949**