REFERENCE FOR DOCTORAL STUDY IN COUNSELING PSYCHOLOGY

THE UNIVERSITY OF MEMPHIS

APPLICANT'S NAME:

RECOMMENDER'S NAME:

RECOMMENDER: The applicant has given your name as a reference in support of their application for graduate study. We would appreciate your candid evaluation of the applicant's potential.

How well do you know the applicant? Quite well  Moderately well  Know only slightly

In what capacity?

For how long?       years       months

Rate the applicant's competencies/characteristics in the following areas. Be sure to compare with other Graduate Students applying to doctoral training.

No Basis for Very Low Low Average High Very High

Judgment (Top 5%)

Motivation for Graduate Work 0 1 2 3 4 5

Intellectual Ability 0 1 2 3 4 5

Professionalism 0 1 2 3 4 5

Self-Awareness/Ability to Self-Reflect 0 1 2 3 4 5

Multicultural Awareness 0 1 2 3 4 5

Oral Communication 0 1 2 3 4 5

Written Communication 0 1 2 3 4 5

Initiative 0 1 2 3 4 5

Emotional Maturity 0 1 2 3 4 5

Ability to Work with Colleagues 0 1 2 3 4 5

Promise as a Psychotherapist 0 1 2 3 4 5

Promise as a Researcher 0 1 2 3 4 5

Overall, do you recommend this applicant for admission to the doctoral program?

No  Yes, with reservations  Yes, without reservations

In addition to completing the numerical ratings, please provide a letter addressing the applicant's strengths and weaknesses for doctoral study. Please submit the rating form and letter using the admissions portal.

Signature      Position

Institution      Date

Please copy and paste your letter in the space provided below by clicking in the shaded box.