

REFERENCE FOR GRADUATE CERTIFICATE IN DISABILITY STUDIES  
DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH  
THE UNIVERSITY OF MEMPHIS

APPLICANT'S NAME: \_\_\_\_\_ U NUMBER: \_\_\_\_\_

FOR ADMISSION TO: FALL      SPRING      RECOMMENDER'S NAME: \_\_\_\_\_

**For completion by Recommender:**

The applicant has given your name as a reference in support of his/her application for graduate study. We would appreciate your candid evaluation of the applicant's potential. **Please submit both this completed form and a letter of recommendation in the online portal through which you were contacted.** In keeping with the Family Educational Rights and Privacy Act, please be aware that students have the right to see their records, including recommendations.

A. How well do you know the applicant?      Quite well      Moderately well      \_ Only Slightly

In what capacity? \_\_\_\_\_ For how long? \_\_\_\_\_

B. Estimate applicant's capabilities: (Be sure to compare with other Graduate Students.) Please rate the applicant for each of the following characteristics by circling the appropriate point on the continuum.

	<u>No Basis for Judgment</u>	<u>Very Low</u>	<u>Average</u>	<u>Very High</u>
a.) Motivation for Graduate Work	0	2	5	
b.) Intellectual Ability	0	2		
c.) Creativity	0	2		
d.) Breadth of General Knowledge	0	2		
e.) Grasp of Field	0	2		
f.) Oral Expression	0	2		
g.) Written Expression	0	2		
h.) Initiative	0	2		
i.) Resourcefulness	0	2		
j.) Emotional Maturity	0	2		
k.) Ability to Work with Colleagues	0	3		
l.) Promise as a Counselor	0	2		
m.) Promise as a Researcher	0	2		

C. Overall, do you recommend this applicant for admission to the counselor preparation program?

No

Yes, with reservations

Yes, without reservations

D. Comments:

Signature \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_