

INSTRUCTIONS

TO THE APPLICANT

Please complete the top section of this form and give a form to each person you have asked to write a letter of recommendation for you. References should be returned to the admissions office by **March 15**. You might find it helpful to provide your referees with return envelopes, addressed to Bastyr University.

I understand that this is a confidential letter of recommendation, solicited for the sole purpose of evaluating an application for admission to Bastyr University and its programs. I understand that this letter of recommendation will not be made available to me and will be destroyed should I be admitted and matriculate as a student at Bastyr University. I understand that the University will not forward letters or copies of letters to me, to the referee or to anyone outside the University.

Applicant's signature _____

Date _____

Name of applicant (please print) _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

TO THE REFEREE

Please complete this form and return it with a **separate reference letter** to the admissions office on or before **March 15**. Thank you for taking the time to provide a recommendation for this applicant.

Return to: Bastyr University
Admissions Office
14500 Juanita Drive NE
Kenmore, WA 98028-4966

This is a confidential letter of recommendation. Letters of recommendation will not be made available to the applicant and will be destroyed should the applicant be admitted and matriculate as a student at Bastyr University. Title IX of the Education Act of 1972 prohibits discrimination in admission on the basis of marital or parental status. We, therefore, request that, in order to prevent such discrimination, you not include such information in your letter of recommendation.

MASTER OF ARTS IN COUNSELING PSYCHOLOGY

LETTER OF RECOMMENDATION AND APPLICANT RATING FORM

Applicant's Name: _____

Part I. The Master of Arts in Counseling Psychology program at Bastyr University is an accredited, stand-alone two-year graduate program leading to eligibility to become a licensed mental health counselor (LMHC).

We ask that you address, in a separate letter, the following areas:

- 1) How long and in what capacity you have known this applicant.
- 2) Academic skills and/or performance of the applicant in the capacity you are familiar that would contribute to the applicant's success in graduate school.
- 3) Personal attributes that would facilitate training and working in the psychology field.
- 4) Ability to make long-range goals and to persevere in stressful situations.

Part II. In the rating chart below, please evaluate the applicant in comparison with other students/employees you have known during your professional career.*

	Excellent	Very Good	Average	Below Average	N/A
Intellectual ability	_____	_____	_____	_____	_____
Compassion and caring attitude	_____	_____	_____	_____	_____
Work/study skills	_____	_____	_____	_____	_____
Interpersonal skills	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____
Critical thinking skills	_____	_____	_____	_____	_____
Resourcefulness and initiative	_____	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____	_____
Time management skills	_____	_____	_____	_____	_____
Stress management skills	_____	_____	_____	_____	_____
Potential for contributions to the field	_____	_____	_____	_____	_____

**N/A indicates "not applicable" to knowing the person in the capacity stated*

In comparison to all other students/employees you have known, please place an X on the line ranking this applicant on a scale of most capable to least capable.

Most capable _____ Least capable

Referee's signature _____ Date _____

Referee's name (Please print) _____ Current title/position _____

Institution or agency _____ Phone _____

Address _____

City/State/zip _____