

GRADUATE OFFICE

State University of New York College at Oneonta, 135 Netzer Administration Bldg., Oneonta, NY 13820

**Report of Academic and Professional Abilities
of an Applicant for Admission to Graduate Studies in the Counselor Education Program**

Name of Applicant (please type or print)

Name of individual providing the reference (please type or print)

Privacy Act Waiver Option	
Under the provisions of the Family Education Rights and Privacy Act of 1974:	
<input type="checkbox"/> I waive access to this Personal Recommendation; OR	
<input type="checkbox"/> I do not waive access to this Personal Recommendation	
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>

We will appreciate a statement from you evaluating the person named above as a graduate student in counselor education. It will be helpful to know how long and in what capacity you have known this applicant. Please comment on the applicant's potential for professional achievements.

	Upper 5%	Upper 10%	Upper 25%	Middle 50%	Lower 25%
Intellectual Ability	_____	_____	_____	_____	_____
Imagination and Creativity	_____	_____	_____	_____	_____
General Educational Background	_____	_____	_____	_____	_____
Preparation in Chosen Field	_____	_____	_____	_____	_____
Motivation and Commitment	_____	_____	_____	_____	_____
Oral Communication Skills	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____
Written Communication Skills	_____	_____	_____	_____	_____

Signed

Date

Position

Address

This form is to be mailed directly to the address listed above.