

**BALL STATE UNIVERSITY**  
**RECOMMENDATION FORM**  
**FOR COUNSELING PSYCHOLOGY DOCTORAL APPLICANTS**

Applicant Name \_\_\_\_\_

*Applicant, see bottom of form regarding right to access recommendation letter.*

**Qualifications:** Please rate the applicant on each of the following in comparison to others you have known in similar capacities (circle a number for each item).

	Poor			Superior		Not known
1. Academic ability	1	2	3	4	5	___
2. Knowledge of psychology	1	2	3	4	5	___
3. Interpersonal skills (verbal, nonverbal)	1	2	3	4	5	___
4. Counseling/therapy skills	1	2	3	4	5	___
5. Research skills	1	2	3	4	5	___
6. Professional commitment	1	2	3	4	5	___
7. Multicultural experiences & interests	1	2	3	4	5	___
8. Overall qualifications for doctoral study	1	2	3	4	5	___

**Written Recommendation:** Please provide a written recommendation of the applicant addressing your relationship to him or her, your assessment of the applicant's strengths and weaknesses, and the applicant's appropriateness for doctoral study in counseling psychology. Use the back of this form or attach a separate letter.

Signed \_\_\_\_\_ Typed \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Recommendation must arrive by January 15<sup>th</sup>.

Send to:                    Doctoral Program Admissions  
                                  Department of Counseling Psychology  
                                  Teachers College 622  
                                  Ball State University  
                                  Muncie, IN 47306

(For international applicants, send this form to the Center for International Programs instead of the Department.)

**Right to Access:** Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those persons writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is the applicant's option to waive the right to access these recommendations or to decline to do so. Please indicate your choice below and sign.

- I waive my right to this recommendation.  
 I do not waive my right to review this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_