



COLLEGE OF GRADUATE STUDIES

ANGELO STATE UNIVERSITY

Master of Science in Counseling Psychology Program
ASU Station #10922 • San Angelo, Texas 76909

Phone 325-486-6932 • Fax 325-942-2290 • Email: drew.curtis@angelo.edu • www.angelo.edu/dept/psychology\_sociology

Master of Science in Counseling Psychology Recommendation Form

Please use full name:

Name of Applicant \_\_\_\_\_ CID# or SS# \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Undergraduate School \_\_\_\_\_

Applicant should complete the following:

Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process by officials of Angelo State University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

- I waive access to this report which shall therefore be considered confidential.
I do not waive access to this report.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note to Person Providing Reference: If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Angelo State University.

To the Applicant

We ask that you provide at least two references according to the following guidelines:

- Two of the three references must be from academic sources, preferably faculty with whom you have worked closely.
The third reference may be non-academic, but should be someone that can comment on skills and abilities relevant to graduate school. Examples of unacceptable references would be: parents, pastors, friends or peers, relatives, etc.

To the Person Providing Reference

Please complete and return this form to: College of Graduate Studies, Angelo State University, ASU Station #11025, San Angelo, TX 76909-1025

The information that you supply concerning this applicant will be used in the screening and final ranking of applications. No application will be considered without this information. Your cooperation is appreciated.

Your Name: \_\_\_\_\_ In what capacity do you know the applicant? \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number:\* (\_\_\_\_) \_\_\_\_\_

\* May we contact you for additional information, if needed? [ ] Yes [ ] No

Please attach a recommendation letter explaining why you believe this candidate would be successful in the program. Please focus on the student's ability to think critically and write effectively, their experiences that will prepare them for the curriculum, their ability to work personally and professionally as a counselor, and other issues that would be helpful in making our admissions decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_