



**Viterbo University**  
**Masters of Science Degree in Mental Health Counseling Recommendation Form**

(First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Is applying for admission to the Masters Program at Viterbo University, La Crosse, Wis., and has listed you as a reference to his/her application.

**TO THE APPLICANT:** The Family Educational Rights and Privacy Act of 1974, Public Law 93-380, gives you a right of access to this form and any letter of recommendation. You can also waive your right to access to this information. Whether you choose to retain or waive your right of access to this recommendation, your decision will not affect the Graduate Admissions Committee's review of this recommendation. Retain or waive your right of access to this recommendation by checking one of the statements below, and affix your signature.

- I waive my right of access to this recommendation.
- I do not waive my right of access to this recommendation.

\_\_\_\_\_ (Applicant Signature) \_\_\_\_\_ (Date)

In lieu of your signature, check the box  and include the date ( ) if this form is electronically submitted to the individual providing your recommendation.

**TO THE RECOMMENDER**

1. Rate the applicant of the following items according to the following scale: 1=Below Average, 2=Average, 3=Above Average, 4=Outstanding, X=inadequate knowledge to rate

	(Please mark one)				
Intellectual ability	1	2	3	4	X
Motivation and initiative	1	2	3	4	X
Judgment	1	2	3	4	X
Written Communication Skills	1	2	3	4	X
Oral Communication Skills	1	2	3	4	X
Skill in interpersonal interactions	1	2	3	4	X
Organizational skills	1	2	3	4	X
Emotional maturity/adaptability	1	2	3	4	X
Dependability/ integrity	1	2	3	4	X
Potential for this person to succeed in graduate study	1	2	3	4	X
Clinical Competence	1	2	3	4	X

- 2. Attach a narrative summary of your evaluation of the applicant's abilities and potential for Graduate Studies in Mental Health Counseling.
- 3. How long have you known the applicant? \_\_\_\_\_  
In what capacity? \_\_\_\_\_
- 4. Check one:  Recommend without reservation  Recommend  Hesitate to Recommend  Don't recommend

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print or Type (or attach business card)**

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Please Return this form to:**  
 Masters of Science in Mental Health Counseling  
 Viterbo University, 900 Viterbo Drive  
 La Crosse, WI 54601  
 Fax: 608-796-3050; Email: [msmhc@viterbo.edu](mailto:msmhc@viterbo.edu)