

COUNSELING PROGRAM MASTER'S DEGREE APPLICANT REFERENCE EVALUATION FORM

Name of Applicant _____

Type of Reference Open (may be viewed by applicant)
 Confidential

The above named person has applied to the Master's program in Counseling at the University of North Texas at Dallas and has asked that you supply the information requested below.

1. Your personal knowledge of the applicant:

- I have served as the applicant's professor.
 supervised the applicant as an employee.
 worked with the applicant as a colleague.
 known the applicant only as a friend.

2. Academic Potential:	Excellent	Good	Fair	Poor	Unknown
Ability in written expression					
Ability in oral expression					
Overall intellectual capacity					
Initiative					
Perseverance					
Conscientiousness					
3. Professional Potential:					
Professional competence					
Professional attitude					
Professional appearance					
Adherence to ethical behavior					
4. Personal Potential:					
Commitment to others' welfare					
Understanding of others' verbal and nonverbal communication					
Respect for others' individuality/uniqueness					
Respect of others' freedom of choice					
Belief in others' positive potential					
Self-awareness					
Appropriate self-control					
Integrity					

4. Personal Potential (continued):	Excellent	Good	Fair	Poor	Unknown
Understands others' perceptions and actions					
Interpersonal genuineness					
Promotes own physical and mental health					
High stress/frustration tolerance					
Works collaboratively with others					
Adaptability					
Commitment to self-improvement					
Enthusiasm					
Appropriate self-confidence					
Openness to constructive feedback					

5. The applicant is fluent in (check all that apply):

English

a language other than English (please indicate): _____

6. In terms of academic and/or professional potential, I would rate this applicant as:

An outstanding prospect for a Master's program

A good prospect for Master's program

An average prospect for a Master's program

A weak prospect for a Master's program

7. Clarification (optional):

Signature _____

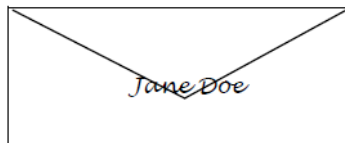
Date _____

Typed/printed Name and Position _____

Organization _____

Address _____

Please place the completed form in a sealed envelope and sign your name over the flap:



Please return the envelope to the applicant.