

LIPSCOMB UNIVERSITY GRADUATE STUDIES IN PSYCHOLOGY AND COUNSELING

Application Reference Form

Applicant Information

Applicant, please complete:

Name: _____ Social Security No.: _____
Last First Middle Maiden Name

Address: _____ City/St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

When do you intend to begin coursework in your program of interest? _____

Program: M.S. in Psychology M.S. in Professional Counseling Certificate of Graduate Study in Counseling Psychology

I waive my right to access the information on this recommendation form and specifically allow it to be reviewed by those individuals involved in the admissions process, including the admissions committee.

Applicant Signature: _____ Date: _____

Reference Evaluation

Reference please read and complete:

Lipscomb University's Psychology Department asks you to complete this reference form for the above applicant. The following information is used by our Admission Committee to evaluate the academic and personal strengths of this individual. This evaluation form is completely confidential. We appreciate your participation. Describe your relationship with the applicant. How well do you know him or her?

What are some strengths of the applicant? Please give specific examples of accomplishments that prove his or her ability to excel in our program.

What are some attributes upon which the applicant can improve?

Please evaluate the applicant on the following items:

	Outstanding	Above Average	Average	Below Average	Poor	Unable to Estimate
Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work on a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the applicant's ability in comparison with others you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish, you may attach additional comments regarding the applicant.

Would you recommend this applicant for acceptance to the Lipscomb University Graduate Programs?

Highly Recommend Recommend Recommend with Reservations Not Recommend

Signature: _____ Date: _____

Please print name: _____ Title: _____

Address: _____ Phone Contact: _____

Thank you for your cooperation. If you would like to discuss the applicant in more detail, please contact our department at **615.966.5906** or **1.800.333.4358, ext. 5906**, or email to **Jake.Morris@lipscomb.edu**

Please mail (or fax to 615-966-7073) this reference form to:

Lipscomb University
ATTN: Graduate Studies in Psychology and Counseling
One University Park Drive
Nashville, TN 37204

