Counseling Program Letter of Recommendation Form

TO THE APPLICANT: Please complete the top portion and provide it to each of your references. Your references should complete the bottom portion of the form and **submit it directly to the following email: apply@cmich.edu**. Each reference must include the completed Reference Form and a separate letter from your recommender. One should be a professional reference from an academic instructor, current/past supervisor, colleague etc. The second should be a personal reference from a mentor, advisor, volunteer manager, etc. *Letters written from family members or friends are not acceptable.* Academic or business letterhead is preferred. Recommendations should be requested from professors or other professionals who are able to comment on your qualifications for graduate study or professional comportment.

APPLICANT NAME: _____

NAME OF PROGRAM & LOCATION APPLYING TO (circle one):

1) ☐ **Clinical Mental Health** ☐ **School** ☐ **Addiction**

2) ☐ **On-Campus** ☐ **Off-Campus Cohort:** _____

The Family Educational Rights and Privacy Act of 1974 (FERPA), allows a candidate for admission, employment, or receipt of honors to waive their right of access to confidential letters or statements written on their behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors, and if the candidate, upon request, is notified of the names of all persons making such recommendations on their behalf. Please mark the appropriate box below, sign your name, and date.

☐ **I waive any and all rights to review this letter of recommendation.**
☐ **I wish to retain my right of access to the letter of recommendation.**

SIGN: _____ **DATE:** _____

TO THE REFERENCE WRITER: The applicant named above has applied for admission to the Central Michigan University Counseling Program. Thank you for taking the time to complete this reference for the stated applicant. Please complete the following, AND **attach your letter of recommendation**. Send it to the address at the bottom of this form.

YOUR NAME: _____

TITLE/PLACE OF EMPLOYMENT: _____

PHONE NUMBER: _____ **EMAIL:** _____

1) How long have you known the applicant? _____

2) In what capacity have you known the applicant? _____

Scan and send this completed form with a letter of recommendation via email to: APPLY@CMICH.EDU, Or Mail to: Central Michigan University Admissions Office 802 Industrial Drive, Mt. Pleasant, MI 48859. Questions? Call 989-774-3205.

3) How do you rank the applicant's overall potential for graduate coursework in counseling, compared to others for whom you have written letters of recommendation.

☐ Top 1% ☐ Top 10% ☐ Top 25% ☐ Top 50% ☐ Bottom 50%

4) If you were a member of the CMU Counseling Program Admissions Committee, would you admit this applicant?

☐ Strongly Recommend ☐ Recommend ☐ Recommend w/ reservations ☐ Do not recommend

5) REQUIRED LETTER OF RECOMMENDATION (attach to Recommendation Form)

a. Include applicant's name on each page of the letter
b. Include your original or electronic signature (letterhead is preferred)
c. Describe the applicant's qualifications for graduate study. Please discuss topics such as:
   i. Intellectual independence
   ii. Ability to work individually or in a group
   iii. Capacity for analytic thinking
   iv. Ability to organize and express ideas clearly
   v. Drive and motivation
   vi. Reasons for applying

SIGN: _____ DATE: _____

Scan and send this completed form with a letter of recommendation via email to: APPLY@CMICH.EDU, Or Mail to: Central Michigan University Admissions Office 802 Industrial Drive, Mt. Pleasant, MI 48859. Questions? Call 989-774-3205.