

Missouri State University
Counseling Program Master's Degree Applicant Reference Evaluation Form

Name of Applicant: _____

Type of Reference: ___ Open ___ Confidential

The above named person has applied to the Master's Program in Counseling at the Missouri State University and has asked that you supply the information requested below

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
- ___ Other (please specify): _____

Area of Knowledge or Disposition	Excellent	Good	Fair	Poor	Unknown
Academic perseverance & ability					
Writing skills					
Aptitude for using technology and online E-Learning tools and platforms					
Interpersonal relationship skills					
Emotional Maturity					
Psychological self-awareness					
Commitment to other's welfare					
Initiative					
Professionalism					
Open-mindedness					
Respect for others' uniqueness					
Ability to work with others					
Commitment to Others' Welfare					
Appropriate self-control					
Creativity					
Adaptability					
Openness to constructive feedback					
Commitment to self-improvement					

This applicant is fluent in (check all that apply):

- English
- A language other than English (please indicate) _____

In terms of professional potential for becoming a counselor, I would rate the applicant as:

- An outstanding candidate for a master's program
- A good prospect for a master's program
- An average prospect for a master's program
- A weak prospect for a master's program

Clarification (optional) _____

Signature: _____ Date: _____

Name typed or printed: _____

Address: _____

Position or Title: _____

Please email the filled form to Lisa Monkres at imonkres@missouristate.edu and Dr. Karrie Swan at karrieswan@missouristate.edu