**SAN FRANCISCO STATE UNIVERSITY**

*REFERENCE REGARDING APPLICATION FOR ADMISSION*

*TO THE DEPARTMENT OF COUNSELING*

      has applied for admission to the graduate program in Counseling, with a specialization in       at San Francisco State University.

Your carefully considered evaluation of this applicant will aid greatly in the selection of those candidates best qualified for admission.

Your prompt attention to this form will be appreciated. It is department policy that candidates can review their admissions files and this recommendation, unless the following waiver is signed by the candidate:

"I hereby waive my right to view this recommendation in the Department of Counseling office. My signature confirms my compliance with the requirement that this recommendation remain completely confidential.”

Candidate's Initial Date

In what capacity have you known the applicant?

How long have you known the applicant?

How well do you feel you know the applicant?

1. Please comment on the applicant's intellectual or academic capacity (e.g., intelligence, creativity, cultural self-awareness, understanding of sociopolitical and structural concepts, openness to new ideas and feedback, organization, timeliness, ability to grasp and communicate conceptionally, ability to work collaboratively)

2. Please comment the applicant's clinical capacity (e.g., interpersonal sensitivity, cultural humility, cultural responsiveness, openness to feedback, ability to tolerate ambiguity and discomfort, interest and insight into psychological factors in human functioning).

3. Please comment on the applicant's experience and understanding related to marginalized individuals and communities (e.g., Black, Indigenous, Latinx, Asian American, Pacific Islander, South Asian, Arab, and other communities of color; LGBTQIAA communities, people with disabilities).

4. Please give us your overall estimate of the potential of the applicant as a graduate student and professional counselor. Are there situational factors that need to be considered in accepting or not accepting the applicant? Are there any other special indications that the applicant should or should not be accepted (personal maturity, stability, motivation, integrity, etc.)?

5. Please rate this applicant in overall promise for a graduate program in counseling.

[ ] - Poor [ ]  - Marginal [ ]  - Average [ ]  - Good [ ]  - Outstanding

Name:

Position:       At

Address:

 (Street, City, State, Zip)

Phone:       (Please provide a number where we can reach you if necessary)

Email:

Date: