

# LETTER OF RECOMMENDATION REQUEST

## GRAND CANYON UNIVERSITY MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING LETTER OF RECOMMENDATION FORM

Please complete all fields below as indicated. Your thorough comments are appreciated.

The applicant asking you to complete this form is applying for a Grand Canyon University's Master of Science in Clinical Mental Health Counseling program. This Letter of Recommendation is required as part of the admissions process.

GCU Applicant Name \_\_\_\_\_

### RECOMMENDER INFORMATION

(This form must be completed by a previous/current volunteer or employment supervisor or instructor of the applicant.)

Name \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Please answer the questions below as indicated. Please be as thorough as possible.**

1. How long have you known the applicant? \_\_\_\_\_

2. Please describe the applicant's employment/volunteer and/or academic performance.

3. Please describe the applicant's interpersonal skills and potential for developing effective helping relationships (provide specific examples).

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## MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING

PLEASE RATE THE APPLICANT ON THE FOLLOWING COUNSELING SKILL INDICATORS.

|   | EXCEPTIONAL | OUTSTANDING | VERY GOOD | GOOD | BELOW AVERAGE | UNDECIDED |
|---|-------------|-------------|-----------|------|---------------|-----------|
| Motivation Towards Goals                        |             |             |           |      |               |           |
| Ability to Express Thoughts in Speech & Writing |             |             |           |      |               |           |
| Emotional Maturity & Stability                  |             |             |           |      |               |           |
| Respect for Diversity                           |             |             |           |      |               |           |
| Ability to Work Independently                   |             |             |           |      |               |           |
| Flexibility                                     |             |             |           |      |               |           |
| Academic Ability                                |             |             |           |      |               |           |

Please check the appropriate box below:

- I do recommend this applicant for admission
- I do not recommend this applicant for admission

*By signing below, I am providing my recommendation for the applicant's admission to the Grand Canyon University's Master of Science in Clinical Mental Health Counseling. (By signing this document, you are attesting to the integrity of the information provided).*

Print Name \_\_\_\_\_

Signature  \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to the applicant upon completion.*