

# COUNSELING AND HUMAN SERVICES RECOMMENDATION FORM

## COLLEGE OF EDUCATION



### Recommendation for admission to the Master of Arts programs in Counseling and Human Services

*To the student:* Please complete Section One and print the name of the person making the recommendation in Section Two and have that person complete and return the form to the Office of Admission (address at the bottom of this form).

*Note:* Applicants who are not current or recent students may request that employers, supervisors, or others submit recommendations.

#### Section One – Student Information and Release

Name: \_\_\_\_\_ SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Program you are applying to:  Community Counseling  Mental Health Counseling  School Counseling  Human Services

Campus of planned enrollment:  Chicago Campus  Schaumburg Campus

Public Law 93-380 permits the student to inspect this recommendation.

I hereby waive my right to inspect this document:  Yes  No

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

#### Section Two – Recommendation

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

I. I have known the applicant for \_\_\_\_\_ months; \_\_\_\_\_ years. Capacity in which I know the applicant:

Supervisor  Teacher  Other (please specify): \_\_\_\_\_

II. This student is applying for admission to the Counseling and Human Services program area of Roosevelt University. Please rate the student on his/her qualities by circling your responses below.

Scale: A=Superior; B=Above average; C=Average; D=Below average; X=Inadequate opportunity to observe

1. Exhibits leadership ability:	A	B	C	D	X
2. Takes initiative; is a self-starter:	A	B	C	D	X
3. Has ability to make difficult decisions:	A	B	C	D	X
4. Is cooperative; displays collegialty:	A	B	C	D	X
5. Displays ethical behavior:	A	B	C	D	X
6. Displays dedication to tasks:	A	B	C	D	X
7. Displays competence in current position:	A	B	C	D	X
8. Is committed to the interest of clients:	A	B	C	D	X
9. Is dedicated to continued learning:	A	B	C	D	X
10. Shows skills in verbal/written communication:	A	B	C	D	X

III. On your letterhead, please state your opinion of the applicant's ability to pursue graduate study as well as the individual's potential and characteristics appropriate to the profession of counseling.

Signature and title: \_\_\_\_\_

Address: \_\_\_\_\_

Please submit this recommendation form and letter to the Office of Admission at the campus specified by the applicant (address below).

# ROOSEVELT UNIVERSITY

**CHICAGO CAMPUS** 430 S. Michigan Ave., Chicago, IL 60605-1394 1-877-APPLY RU Fax (312) 341-4316  
**SCHAUMBURG CAMPUS** 1400 N. Roosevelt Blvd., Schaumburg, IL 60173-4348 1-877-APPLY RU Fax (847) 619-8636