



EDGEWOOD COLLEGE

MARRIAGE AND FAMILY THERAPY PROGRAM REFERENCE FORM

Please print or type

Applicant's Name : _____

Recommender's Name: _____

To the Applicant: Complete the information requested above and give to person (s) serving as references. Please note that generally recommenders may provide information more useful to this department and to yourself if their recommendations are confidential. If you agree, you may wish to sign the information waiver before giving it to the source of reference. Pursuant to the Family Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974.

I waive all rights to inspect or review this form, or any statement sent with this recommendation.

Applicant's Signature: _____ Date: _____

To the Recommender: The person named above is applying to our graduate program in Marriage and Family Therapy. Your evaluation will be a key component during the selection process.

- 1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. Please rank the applicant with respect to others of similar background and experience.

I would rank the applicant in the upper _____ %.

Please rate the applicant on the following attributes.

Table with 6 columns: Attribute, Excellent, Good, Average, Below Average, Unknown. Rows include Intellectual ability, Knowledge and competence in psychotherapy, Motivation and diligence, Work habits, Originality, aptitude for independent problem solving, Ability to communicate orally, Ability to communicate in writing, Ability to work with others, Leadership.

5. In the space provided or on an additional sheet, please add comments which will assist in making a decision regarding admission to the Marriage and Family Therapy program. Your impression of the applicant's potential for becoming an excellent therapist, scholarship ability, emotional stability, and pertinent background will be most helpful.

PLEASE RETURN BY AUGUST 1 FOR FALL ENTRIES,

Recommender's Name: _____
Title: _____
Address: _____

C/S/Z: _____
Phone: _____
Signature: _____ Date: _____

Please return this form to:

**Edgewood College
Graduate Admissions Office
1000 Edgewood College Dr
Madison, WI 53711**