

Recommendation for Admissions

Applicant:

Please complete this portion before submitting form to recomemender.

Legal Name: _____

Address: _____

Program: _____

I authorize _____ to complete this recommendation form, with the understanding that the information will be kept confidential.

I do do not waive my rights to see the completed form

Signature

Date

*The Family Educational Rights & Privacy Act of 1974 accords admitted students the right to review this recommendation form unless this right is waived.

Recommender:

The above-named person is applying for admission to Adler Graduate School. As part of the admission process, the applicant has selected you to provide a recommendation.

Please complete this form and **provide a separate, signed recommendation letter**. Please address your assessment of the applicant's strengths and areas of development in relation to academic performance and suitability for counseling/therapy/human relations professions. Also, we are interested in your assessment of the applicant's maturity, self-awareness, sensitivity to others, and interpersonal skills.

Please check off the most appropriate rating on the items listed below to which you can personally respond.

	Limited	Moderate	Strong	No Personal Knowledge
Academic Ability	_____	_____	_____	_____
Oral Communication	_____	_____	_____	_____
Ability to Help Others	_____	_____	_____	_____
Commitment to Social Contribution	_____	_____	_____	_____
Stress Management Skills	_____	_____	_____	_____

Name of Recommender _____

Signature _____ Date _____

Address _____

Position _____ Organization _____

Telephone (____) _____ E-mail _____

What is your relationship to the applicant _____

How long have you know the applicant _____

Please mail, email, or fax this form and your recommendation letter to Adler Graduate School:

Office of Admissions, 1550 East 78th Street, Richfield, Minnesota 55423
Phone: (612) 861-7554 ♦ Fax: (612) 861-7559 ♦ E-mail: admissions@alfredadler.edu

Thank you.