

Please distribute these forms to your references.
Please include a stamped envelope addressed to:

**The Graduate School
University of North Florida
1 UNF Drive
Building 1, Room 1200
Jacksonville, FL 32224**

Please check and sign one of the following:

I give permission for this information
to remain confidential and not made
available to me.

I reserve the right to view this information.

Applicant's Signature

NOTE: APPROPRIATE REFERENCE INCLUDE FACULTY MEMBERS, EMPLOYERS, OR CO-
WORKERS. THEY SHOULD ADDRESS THE APPLICANT'S ACADEMIC AND PROFESSIONAL
POTENTIAL AS A COUNSELOR.

UNIVERSITY OF NORTH FLORIDA

Reference Form for Applicant to the
Mental Health Counseling Program

Name of Applicant: _____

Social Security #: _____ - _____ - _____

Phone Number: _____ Work Number: _____

Address: _____

City, State, Zip: _____

Name of Reference: _____ Title: _____

Address: _____

City, State, Zip

Phone Number: _____ Work Number: _____

NOTE TO REFERENCE: Please give thoughtful evaluation of the above applicant. Use the blank spaces to indicate strong and/or weak difficulties in the applicant's becoming a counselor. The information you supply will be extremely valuable in evaluating the applicant's potential as a prospective graduate student in Mental Health Counseling.

How long have you known the applicant? FROM: _____ TO: _____

1. Please indicate the situation in which you know or knew the applicant:

2. Please assess the following characteristics of the applicant on a four-point scale as indicated below:

4=high, top 10% 3=above average, top 25% 2=average, top 50% 1=low, bottom 50%

	low		high	
Intellectual ability.....	1	2	3	4
Interest in helping others.....	1	2	3	4
Ability to establish effective relationship.....	1	2	3	4
Ability to recognize and overcome biases.....	1	2	3	4
Ability to express ideas orally.....	1	2	3	4
Ability to express ideas in writing.....	1	2	3	4
Ability to think and respond under pressure.....	1	2	3	4
Tact and ability to work with peers.....	1	2	3	4
Tact and ability to work with diverse populations.....	1	2	3	4
Personal stability.....	1	2	3	4
Overall potential as a therapist.....	1	2	3	4

3. Additional comments regarding applicant's ability and potential as a therapist.
Use additional pages if necessary.

Signature _____ Date ____/____/____