

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

The Graduate School
University of North Florida
4567 St. Johns Bluff Rd, South
Honors Hall, Room 1351
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
Counselor Education 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 Counselor Education.

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 ____/____/____