

Lewis University  
College of Arts and Sciences  
Master of Arts in Counseling Psychology  
Master of Arts in School Counseling & Guidance



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## Recommendation Form

The inclusion of recommendations in your application file is required. To complete this portion of the application process, follow the directions below.

**To the Applicant:** Print or type your name and address below and give this form to a person who knows you well enough to evaluate your qualities and abilities. Provide a stamped, business-size envelope addressed to:

Department of Psychology Graduate Programs  
Lewis University  
One University Parkway  
Romeoville, IL 60446

In order to allow the evaluator the opportunity to be as candid and informative as possible, you are encouraged to sign the statement below. The signing of this statement is optional and does not affect the admission decision process.

I hereby waive any rights I may have under the Family Educational Rights and Privacy Act of 1974 to examine this recommendation form. I further understand that this confidential recommendation will be used for the sole purpose of considering my application for admission to the Lewis University Graduate Program.

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

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**To the Recommender:** The person whose name appears above is applying for admission to the Lewis University Master of Arts in Counseling Psychology Program or to the School Counseling & Guidance Program and has requested your recommendation become a part of the application file used for the purpose of an admission decision. Please complete the form on the back of this page and mail to:

Department of Psychology Graduate Programs  
Lewis University  
One University Parkway  
Romeoville, IL 60446

1. How long have you know the applicant and in what capacity?

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2. How would you rate the applicant in comparison with others with whom you have been acquainted?

- |                          |                          |                          |                           |                          |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Outstanding<br>(top 5%)  | Excellent<br>(top 15%)   | Good<br>(top third)      | Average<br>(middle third) | Poor<br>(bottom third)   |

3. Please comment on the applicant's overall aptitude and capacity for graduate study in counseling psychology.

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4. I would

- |                          |                          |                                     |                          |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| strongly recommend       | recommend                | recommend with<br>some reservations | do not recommend         |

that this applicant be admitted to the Lewis University Graduate Program.

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Institution or Company \_\_\_\_\_

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