

I, \_\_\_\_\_, the student applicant, understand that Federal law provides me, after enrollment, with a right of access to this statement through the Educational Psychology & Counseling department office, and that CSUN may NOT require me to waive this right, but I may choose to waive it voluntarily. I hereby \_\_\_\_\_ do not waive my right of access to this Statement. **Print name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**California State University, Northridge • 18111 Nordhoff Street • Northridge, CA 91330-8265**  
 Department of Educational Psychology and Counseling

**Recommendation Form**

The candidate, whose name appears below, is seeking admission to a program, leading to an M.A. or M.S. degree, Credential or Certificate. Please assist the Student Affairs Committee of the Educational Psychology and Counseling Department at CSU Northridge by completing this form and (preferably) returning it to the candidate or to this office by mail at the address above.

The information you provide will be treated as confidential except if the applicant has elected to retain the right of access (see waiver form above). Prompt completion of this form is appreciated by both the applicant and the EPC Department, as the application cannot be acted on until this form is received by our department. Feel free to write your narrative separately and attach it to this form. Thank you for your cooperation.

**Educational Psychology and Counseling Option Student Applied for:**

- |                          |                           |                          |                                      |
|--------------------------|---------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Career Counseling         | <input type="checkbox"/> | College Counseling/Student Services  |
| <input type="checkbox"/> | Early Childhood Education | <input type="checkbox"/> | Development, Learning, & Instruction |
| <input type="checkbox"/> | Marriage & Family Therapy | <input type="checkbox"/> | School Counseling                    |
| <input type="checkbox"/> | School Psychology         | <input type="checkbox"/> | Joint MFT/School Counseling          |

Your evaluation of this applicant, based on your contacts and relationships with him/her, would be appreciated. *What is the length and nature of your acquaintance with this candidate?* \_\_\_\_\_

**Please CHECK the appropriate column for each of the criteria listed below. You may attach additional page(s) to further elaborate.**

<b>Academic Achievement</b>	Unable to Judge	Not Acceptable	Questionable	Acceptable	Very Good	Superior

Please give reasons for, and examples of, your evaluation above. Comments may include observations about the applicant's academic standing, verbal and written communication skills.

<b>Interpersonal Skills</b>	Unable to Judge	Not Acceptable	Questionable	Acceptable	Very Good	Superior

Please give reasons for, and examples of, your evaluation above. Comments may include observations about the applicant's sensitivity, leadership and rapport with the kinds of people with whom s/he works.

<b>Professional Commitment</b>	Unable to Judge	Not Acceptable	Questionable	Acceptable	Very Good	Superior

Please give reasons for and examples of your evaluation above. Comments may include observations about the candidate's professional attitude, commitment to professional practice, dependability, reliability, and initiative.

<b>Work-Related Characteristics</b>	Unable to Judge	Not Acceptable	Questionable	Acceptable	Very Good	Superior

Please give reasons for and examples of your evaluation above. Comments may include observations about the candidate's competence, judgment, dependability, reliability, flexibility, and tenacity.

<b>Personal Characteristics</b>	Unable to Judge	Not Acceptable	Questionable	Acceptable	Very Good	Superior

Please give reasons for and examples of your evaluation above. Comments may include observations about the candidate's self-confidence, openness, non-verbal communication, and personal stability, reliability, and initiative.

**Do you consider this person to be among the top 5% of students you have known?**

Yes \_\_\_\_ No \_\_\_\_ Don't Know \_\_\_\_

**Would you consider referring to this person for professional services (post-grad.)?**

Yes \_\_\_\_ No \_\_\_\_ Don't Know \_\_\_\_

**What is your overall evaluation of this applicant?**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Position and Institution/ Organization/Company: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_