

I, \_\_\_\_\_, the applicant, understand that Federal law provides me, after enrollment, with a right of access to this statement through the EPC department office, and that CSUN may not require me to waive this right, but I may choose to waive it voluntarily.

**I hereby waive / 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 returning it to the candidate (preferably) or to this office by mail at the address above.

The information you provide will be treated as confidential unless the applicant has elected to retain the right of access (see waiver statement 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 attach any additional narrative you wish to include to this form. Thank you for your cooperation.

**Educational Psychology and Counseling Option Applied for (choose one):**

<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"/>	Certificate: _____

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?*

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**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, and 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.

**Recommendation form for CSUN EPC Department (continued)**

<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 applicant'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 applicant'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 applicant's self-confidence, openness, non-verbal communication, personal stability, reliability, and initiative.

**As compared with other students you have known, at what percentile would you consider this person to be? (circle) Top 5% / Top 10% / Top 25% / Other: \_\_\_\_\_**

**Once trained, would you potentially choose to seek professional services from this person?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

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

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

Type/print name: \_\_\_\_\_

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

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

Institution/Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_