

Fall 2010
PERSONAL REFERENCE FORM

Counselor Education Program

Department of Special Education, Rehabilitation, Counseling/School Psychology

Auburn University

*To the applicant: Please complete the top portion of this reference form, then deliver it to the person providing your reference. This should be a person who can speak of your professional and/or academic experiences. They are to submit the completed reference form to the Department of Special Education, Rehabilitation, Counseling/School Psychology **before the 02-01-10 deadline.***

Applicant Information

Name of applicant: _____

Last

First

Middle

Applicant's Address _____

Mailing address

City

State

Zip

Applicant's Email Address: _____

Applicant's Social Security Number: _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to waive his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Signature of Applicant: _____ Date: _____

Reference Information

The person named above is applying for admission to the Counselor Education program in the Department of Special Education, Rehabilitation, Counseling/School Psychology at Auburn University. Please complete and return this form so it will be received by the 02-01-10 deadline to: Coordinator, CED Doctoral Program, Department of Special Education, Rehabilitation, Counseling/School Psychology, 2084 Haley Center, Auburn, AL 36849. Thank you.

You may respond to the following questions in an attached letter.

1. How long have you known the applicant and in what capacity?
2. What is the applicant's academic aptitude for doctoral-level study?
3. What is the candidate's fitness for the profession of counseling and counselor education? Please include an assessment of the applicant's level of self-awareness and emotional stability.
4. If you can please address the applicant's academic skills and/or verbal and communication skills?
5. What are the applicant's strengths in reference to counseling and potential as a Counselor Educator?
6. What is the applicant's potential for leadership and advocacy in the counseling profession?
7. Please identify any limitations that the applicant may possess in regards to being successful in a doctoral-level Counselor Education program?

Expectations for the candidate:

- _____ I expect the applicant to become a distinctly outstanding graduate student (highest 10 percent).
- _____ I expect the applicant to be definitely above average as a graduate student, but not in highest 10 percent.
- _____ I expect the applicant to perform graduate work satisfactorily.
- _____ I feel that there is doubt as to the applicant's potential for success in graduate study
- _____ I feel that the applicant would not perform graduate work satisfactorily.

Signature: _____ Date: _____

Name: (type or print): _____

Institution and Address: _____

Updated 09-11-09