

Department of Counseling and School Psychology
College of Education
San Diego State University
San Diego, CA 92182-1179

Marriage and Family Therapy Program Letter of Recommendation

Applicant _____
Last Name First Name Middle Initial

Address _____
Street City State Zip Code

The above named applicant has asked that you write a statement concerning her/his aptitude for graduate study in the Marriage and Family therapy program in the Department of Counseling and School Psychology, San Diego State University. The Admissions Committee is aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your assistance.

Under the provisions of the Education Rights and Privacy Act of 1974, the applicant must be granted access to all papers on file unless the right has been waived.

Prospective Student must sign either **A** or **B**:

CONFIDENTIAL: The contents of this statement remain confidential. I waive my rights to see this recommendation.

NOT CONFIDENTIAL: The contents of this statement are not confidential do not wish to waive my right to see this recommendation.

Signature

Signature

Instructions for Returning Recommendation: The appraiser is to return the Letter of Recommendation form to the applicant who will include the Recommendation form in the application package that is presented the Department of Counseling and School Psychology. If the student has signed **confidential**, then the appraiser should sign the sealed envelope flap and the applicant is to return the Recommendation form in an unopened envelope.

	Below Average	Average	Above Average	Far Above Average	No Basis for Judgment
Intellectual Ability	_____	_____	_____	_____	_____
Interpersonal Relationships	_____	_____	_____	_____	_____
Multicultural Perspective	_____	_____	_____	_____	_____
Leadership Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Oral Skills	_____	_____	_____	_____	_____
Motivation to do Graduate Work	_____	_____	_____	_____	_____

