



UNIVERSITY OF NORTH TEXAS®

Counseling Program

Master's Degree Applicant Reference Evaluation Form

Name of Applicant: _____

Type of Reference: ___ Open ___ Confidential

The above named person has applied to the Master's Program in Counseling at the University of North Texas and has asked that you supply the information requested below

1. Your personal knowledge of the applicant:

I have ___ Served as the Applicant's Professor

___ Supervised the Applicant as an Employee

___ Worked With the Applicant as a Colleague

___ Known the Applicant Only as a Friend

___ Other (please specify): _____

2. Academic Potential	Excellent	Good	Fair	Poor	Unknown
Ability in Written Expression					
Ability in Oral Expression					
Overall Intellectual Capacity					
Initiative					
Perseverance					
Conscientiousness					
3. Professional Potential					
Professional Competence					
Professional Attitude					
Professional Appearance					
Adherence to ethical behavior					
4. Counseling Potential					
Commitment to Others' Welfare					
Understanding of Others' Verbal & Nonverbal Communication					
Respect For Others' Individuality/Uniqueness					
Respect For Others' Freedom of Choice					
Belief In Others' Positive Potential					
Self-Awareness					
Appropriate Self-Control					

4. Counseling Potential (cont.)	Excellent	Good	Fair	Poor	Unknown
Integrity					
Understands Others' Perceptions & Actions					
Interpersonal genuineness					
Promotes Own Physical and Mental Health					
High Stress/Frustration Tolerance					
Works Collaboratively with Others					
Adaptability					
Commitment to Self-Improvement					
Enthusiasm					
Appropriate Self-Confidence					
Openness to Constructive Feedback					

5. This applicant is fluent in (check all that apply):

- English
 A language other than English (please indicate) _____

6. In terms of academic or professional potential, I would rate the applicant as:

- An outstanding candidate for a master's program
 A good prospect for a master's program
 An average prospect for a master's program
 A weak prospect for a master's program

7. Clarification (optional) _____

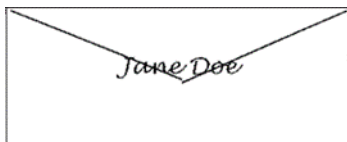
Signature: _____ Date: _____

Name typed or printed: _____

Address: _____

Position or Title: _____

Important: If sending in the mail/with the applicant in person, please place the completed form in a sealed envelope and sign your name over the flap of the seal



Please return the sealed envelope to the applicant or scan and email the filled form to the Counseling Program at COE-Counseling@unt.edu