

# CARLOW UNIVERSITY

## DEPARTMENT OF PSYCHOLOGY AND COUNSELING Reference Form

Applicant's Name (please print or type)

FIRST NAME	LAST NAME
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### NOTE TO THE RESPONDENT

*This form contains information that will be used to evaluate the applicant for admission to a doctoral program in counseling psychology. Your honest appraisal of the applicant will assist the admissions committee in the decision making process regarding this applicant.*

### ONCE YOU HAVE COMPLETED THE REFERENCE FORM,

please seal it and your letter of recommendation in an envelope addressed to

**Kathleen Chrisman, PhD**  
**Graduate Admissions**  
**Carlow University**  
**3333 Fifth Avenue, Pittsburgh, PA 15213**  
or email to [kachrisman@carlow.edu](mailto:kachrisman@carlow.edu)

*The respondent is responsible for all information provided on this form from this point forward.*

**1** How long have you known the applicant?

- Less than one year     One or two years     Two or three years     More than three year

**2** In what capacity have you known the applicant?

- As a student     Practicum/internship supervisee     As an employee  
 Other (explain): \_\_\_\_\_

**3** Please rank this applicant's potential for graduate study in counseling psychology:

- Cannot evaluate     May struggle with doctoral level course work  
 Definitely capable of doctoral level course work     Expect this student to be in the top 10 percent of the class

OFFICE USE ONLY

APPLICATION FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

**4** Please rate the applicant on the following characteristics: *When making your ratings, please state your comparison group (e.g., college seniors, graduate students, fellow workers, employees, etc.):*

	Very Weak					Very Strong		Not Applicable
Social Skills	1	2	3	4	5	6	7	N/A
Emotional stability	1	2	3	4	5	6	7	N/A
Industriousness	1	2	3	4	5	6	7	N/A
Acceptance of responsibility	1	2	3	4	5	6	7	N/A
Acceptance of diversity	1	2	3	4	5	6	7	N/A
Aptitude for research	1	2	3	4	5	6	7	N/A
Curiosity and inquisitiveness	1	2	3	4	5	6	7	N/A
Professional writing skills	1	2	3	4	5	6	7	N/A
Speaking skills	1	2	3	4	5	6	7	N/A
Computer skills	1	2	3	4	5	6	7	N/A
Ability to relate to others	1	2	3	4	5	6	7	N/A
Ability to accept/incorporate feedback	1	2	3	4	5	6	7	N/A

**5** To help us evaluate this applicant, please attach a letter to describe more fully and explicitly the applicant's strengths and weaknesses.

**6** Signature

SIGNATURE	DATE
NAME (PLEASE PRINT)	POSITION
YOUR ACADEMIC CREDENTIALS	
INSTITUTION/ADDRESS	CITY/STATE/ZIP
PHONE	E-MAIL ADDRESS



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