



TREVECCA NAZARENE UNIVERSITY

DEPARTMENT OF GRADUATE PSYCHOLOGY
333 MURFREESBORO ROAD
NASHVILLE, TN 37210-2877
TELEPHONE: 615-248-1384
FAX: 615-248-1662

WEBSITE: www.Trevecca.edu/gradpsychology
E-MAIL: admission_psy@trevecca.edu

Recommendation Form

TO THE APPLICANT: Complete the information in the gray box below then give this form to a professional associate, minister, professor or employer as per the instructions included in the application. If the person completing the recommendation elects to write a letter, this form must be completed and submitted with the letter. This recommendation may be returned to you to be included with your application, or it may be sent to the address above.

Applicant's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

I seek enrollment in:

Ed.D. in Clinical Counseling, Counseling – Supervision Cognate
 Ed.D. in Clinical Counseling, Counseling – Teaching Cognate
 Ed.D. in Clinical Counseling, Marriage and Family – Supervision Cognate
 Ed.D. In Clinical Counseling, Marriage and Family – Teaching Cognate

Recommenders relationship to you: Minister Professor Employer Other

Signature _____ Date _____

TO THE RECOMMENDER: The person named above is applying to Trevecca Nazarene University and has requested your recommendation. The university is an evangelical, Christian graduate-level institution committed to educating and training leaders for society according to Christian principles. Your thoughtful and candid responses will assist us in our admissions evaluation. If you wish to submit a letter of recommendation, this form must accompany the letter.

1. How long have you know the applicant and in what capacity?

2. How well do you know the applicant? (check one)
 By name/sight Casually – few personal contacts
 Fairly well – numerous personal contacts Very close relationship
3. Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential
 Yes No I don't know
4. FOR INTERNATIONAL STUDENT APPLICANTS: Please evaluate the student's ability to comprehend, write and speak in English.
Listening Comprehension Excellent Good Fair Poor Unobserved
Writing Excellent Good Fair Poor Unobserved
Speaking Excellent Good Fair Poor Unobserved

5. Please evaluate the applicant's qualifications by checking the appropriate spaces below.

	Superior	Above average	Average	Below Average	Poor	Do Not Know
Intellectual ability						
General knowledge						
Knowledge in subject of proposed study						
Oral expression						
Written expression						
Interpersonal skills						
Industry and perseverance						
General ethical behavior						
Inquisitiveness and independence						
Creativity						
Overall quality of work						
General ability to relate to authority						
Ability to work with fellow employees						
Reliability and dependability						
General appearance						
Level of spiritual commitment						
Potential for chosen profession						
Commitment to chosen profession						
Overall potential as a graduate student						
Potential for effective professional service						
Potential as a research scholar						

6. Do you recommend this applicant to Trevecca Nazarene University for the program he or she has indicated?

Highly recommend Recommend Recommend with reservations Do not recommend

(Print or type only)

Recommender's Name _____ Title _____

Institution/Organization _____ Department/Position _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Signature _____ Date _____

Thank you for taking the time to complete this form. Your thoughtfulness is appreciated. No action can be taken on this applicant's file until this form is returned.