



**MASTER OF SCIENCE IN CLINICAL PROFESSIONAL COUNSELING
RECOMMENDATION FOR ADMISSIONS**

APPLICANT

Applicants should complete the applicant information section only and then forward this form to recommender.

<i>Applicant Name</i>	
<i>Email Address</i>	
<i>Phone</i>	
<i>Address</i>	
<p>The Family Education Rights and Privacy Act of 1974, and its amendments, guarantees students access to certain academic records. Students may, however, waive their right of access to recommendations. The applicant’s choice regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.</p> <p align="center"> <input type="checkbox"/> I do waive my rights to inspect the contents of the following recommendation. <input type="checkbox"/> I do not waive my rights to inspect the contents of the following recommendation. </p> <p>Please sign or type your name. If typed, you affirm that your typed name represents your intent to sign the document.</p>	
<i>Signature</i>	
<i>Date</i>	

RECOMMENDING OFFICIAL

The person named above has applied to the online Master of Science in Clinical Professional Counseling, at University of Maryland Global Campus. They have requested that you submit a recommendation pertaining to their potential as a graduate student and a future licensed clinical professional counselor. Thank you for submitting the completed form and your letter of recommendation to admissions@umgc.edu. In the email subject line please include “CPC_ Last Name of Applicant”.

How long have you known the applicant? (years & months)	
In general, how well do you know the applicant?	<input type="checkbox"/> Casually <input type="checkbox"/> Well <input type="checkbox"/> Very Well
In what capacity do you know the applicant?	<input type="checkbox"/> Teacher in one class <input type="checkbox"/> Teacher in more than one class <input type="checkbox"/> Research Advisor <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Employer/Work Supervisor <input type="checkbox"/> Volunteer Supervisor <input type="checkbox"/> Other – please specify _____

PART 1: UMGC MSCPC RECOMMENDER’S FORM

Please indicate the applicant’s abilities and professional dispositions in comparison with others you have known in similar stages in their careers.

KNOWLEDGE	EXCEPTIONAL TOP 1%	OUTSTANDING TOP 5%	VERY GOOD TOP 10%	GOOD TOP 25%	AVERAGE Top 50%	BELOW AVERAGE Top 75%	INADEQUATE OPPORTUNITY TO OBSERVE
Intellectual capacity (is knowledgeable; inquisitive; quick learner)							
Critical thinker (analyzes facts to make informed decisions)							
Oral expression							
Written expression							
PROFESSIONAL ETHICS & CONDUCT							
Principled (is honest and fair; respectful; compassionate; guided by principles)							
Initiative (is proactive; resourceful; finds solutions to problems)							
Accepts personal responsibility for behavior (takes ownership of own actions and decisions, and resulting consequences)							
Professional behavior (is responsible, reliable, and punctual; meets deadlines)							
INTERPERSONAL SKILLS							
Collaborates with others (works well with others; cooperates to achieve common goals)							
Emotional stability (expresses emotions appropriately in professional settings)							
Cultural competence (able to understand, appreciate and engage with others from diverse backgrounds)							
AWARENESS OF SELF AND OTHERS							
Aware of own impact on others (recognizes how personal behaviors and attitudes influence others)							
Aware of limitations (recognizes personal boundaries and capabilities; humility; seeks development)							
Aware of strengths (recognizes positive personal attributes, skills, and competencies)							
FLEXIBILITY & PERSONAL GROWTH							
Flexible (able to adjust, redirect and deal with the unexpected)							
Openness (embraces new concepts, perspectives, approaches to enhance personal growth)							
Receptive to feedback (willing to accept feedback; actively uses for personal and professional development)							

SUMMARY EVALUATION

I would rate the applicant on their potential as a graduate student, pursuing online studies in clinical professional counseling to be (check one)

Outstanding Good Marginal Unacceptable

I would rate the applicant on their potential as a licensed clinical professional counselor to be (check one)

Outstanding Good Marginal Unacceptable

PART 2: LETTER OF RECOMMENDATION

In addition to the ratings provided via this form (Part 1), please provide a signed recommendation letter. Your insights will inform our admission decisions for a program that prepares learners for careers as licensed clinical professional counselors. In the letter, appraise the applicant’s potential to 1) successfully complete graduate coursework, and 2) function as a licensed clinical professional counselor in the mental health field. Please include a discussion of strengths and opportunities for growth, and examples supporting points made.

Please submit this form in its entirety, along with the signed recommendation letter, directly to admissions@umgc.edu. The candidate’s application package will be considered incomplete until all parts of the recommendation are received by UMGC.

Please sign or type your name. If typed, you affirm that your typed name represents your intent to sign the document.

<i>Name</i>	
<i>Signature</i>	
<i>Title</i>	
<i>Organization</i>	
<i>Email Address</i>	
<i>Phone</i>	
<i>Address</i>	