

**East Texas A&M University  
Graduate Program in Counseling  
Reference Form**

Name of Applicant: \_\_\_\_\_ Campus Wide ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Program Emphasis:**

- ☐ Clinical Mental Health Counseling, MS (60 credit hour program; LPC preparation)
- ☐ School Counseling, MS (48 credit hour program; Professional School Counselor Certification)
- ☐ College Student Affairs, MEd (30 credit hour program; non-LPC program)

I agree the recommendation I am requesting shall be held in confidence by officials of East Texas A&M University, and I hereby waive any rights to examine it.

☐ Yes ☐ No Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE RECOMMENDER**

I have known the applicant \_\_\_\_ years in my professional capacity as \_\_\_\_\_ (professor, supervisor, etc.). Rate the applicant on the following:

Qualification	Excellent	Good	Average	Poor	No basis for judgment
Goodwill					
Intellectual capacity					
Initiative					
Dependability					
Willingness to accept feedback					
Oral expression					
Written expression					
Emotional stability					
Adaptability					
Self-confidence					
Ability to work with others					
Open rather than defensive					
Technological competence and computer literacy					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Submit form to the Graduate School at Texas A&M University-Commerce by mail or email. East Texas A&M University, Graduate School, PO Box 3011, Commerce, TX 75429-3011 Email: [DeRene.Sutton@tamuc.edu](mailto:DeRene.Sutton@tamuc.edu)

*\*Continued on page 2*

In addition to the ratings on page one, provide a statement appraising the applicant's promise of success in a master's program in counseling and add comments to support and/or explain your ratings.