



Adler Graduate School

1550 E. 78th Street Richfield, MN 55423

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Recommendation form for a Master of Arts in Adlerian Counseling and Psychotherapy or the Diploma Program in Adlerian Counseling

To be completed by the Applicant:

Applicant's Name _____

Address _____

I authorize _____ to complete this recommendation form, with the understanding that the information will be kept confidential.

I do do not waive my right to see the completed form.

Signature

Date

To the Respondent:

The above-named person is applying for admission to the Master of Arts or post-Master's Diploma Program at the Adler Graduate School. As part of the admission process, the applicant has selected you to provide a recommendation.

An accompanying statement is required to complete this recommendation.

Please address your assessment of the applicant's strengths and areas of development in relation to academic performance and suitability for counseling/therapy/human relations professions. Also, we are interested in your assessment of the applicant's maturity, self-awareness, sensitivity to others, and interpersonal skills.

Please complete the check list on the reverse side of this form.

Thank you for your cooperation.

Please comment on only the items listed below to which you can personally respond.

Please check off the most appropriate rating.

	Limited	Moderate	Strong	No Personal Knowledge
Academic Ability	_____	_____	_____	_____
Written Communication	_____	_____	_____	_____
Oral Communication	_____	_____	_____	_____
Ability to Help Others	_____	_____	_____	_____
Commitment to Social Contribution	_____	_____	_____	_____
Stress Management Skills	_____	_____	_____	_____

Additional Comments:

Name of Recommender _____

Signature _____ Date _____

Address _____

Position _____ Organization _____

Telephone(_____) _____ E-mail _____

What is your relationship to the applicant _____

How long have you known the applicant _____

Thank you.