

16830 Ventura Blvd., Ste. 200 • Encino, CA 91436 • Phone 818-386-5660 • Fax 818-386-5699 • [phillips.campbellsville.edu](http://phillips.campbellsville.edu)

**TO BE COMPLETED BY THE APPLICANT**

**Note: Former or current therapists, family members and friends should not be used for recommendations.**

Please complete the information below and distribute it to at least three (3) appropriate individuals who are familiar with your work performance, your educational abilities, or your potential for professional accomplishments. This reference form may be scanned and emailed to [phillips@campbellsville.edu](mailto:phillips@campbellsville.edu) or mailed to Los Angeles Education Center of Campbellsville University, Enrollment Services Office, 16830 Ventura Blvd., Ste. 200, Encino, CA 91436.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Applicant's Address: \_\_\_\_\_  
Street City State Zip Code

Applicant's Phone Number: \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

Term for which you are applying: ☐ August/Fall 20\_\_\_\_ ☐ January/Spring 20\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. This law also permits the student to sign a waiver relinquishing the right to read this reference. Please indicate your choice.

- ☐ I agree to waive my right of access to this recommendation.  
☐ I do not agree to waive my right of access to this recommendation.

Signature

Date

**TO BE COMPLETED BY THE RECOMMENDER**

We appreciate your cooperation in serving as a reference for this candidate. Your observations of the applicant and perceptions about his/her abilities, motivation, and potential will help the Admissions Committee reach its decision. This reference must be in the applicant's file before we can make a decision, and we thank you in advance for your timely return of this form.

Name: \_\_\_\_\_ Occupational Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a graduate of Phillips? ☐ No ☐ Yes If yes, when did you graduate? \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING ITEMS:**

1. How long have you known this applicant and in what setting?

2. Please comment as to the applicant's ability to succeed in graduate level studies.
  
3. Briefly describe the application's strengths and weaknesses as a potential counselor.
  
4. Please comment on the values and moral character of the applicant.

Additional Comments:

**PLEASE RATE THE APPLICANT ON THE FOLLOWING QUALITIES:**

	Excellent	Above Average	Average	Below Average	Poor	No Knowledge
Assumes responsibility for behavior and learning						
Intellectual curiosity						
Written communication skills						
Responsibility/dependability						
Ability to work collaboratively						
Ability to succeed in graduate studies						
Values and moral character						
Potential to Counsel						

What is your overall recommendation?

- ☐ Strongly Recommend  
☐ Recommend

- ☐ Recommend with reservations  
☐ Do not recommend

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

**This recommendation may be emailed to [phillips@campbellsville.edu](mailto:phillips@campbellsville.edu) or mailed to: Los Angeles Education Center of Campbellsville University, Enrollment Services, 16830 Ventura Blvd., Ste. 200, Encino, CA 91436**

**Thank you again for your assistance in this process!**