

**Lynchburg College
Counselor Education Reference Form**

Name of Applicant: _____ Date: _____

Address: _____

Name of Reference: _____ Phone Number: _____

Email address: _____

Number of years you have known the applicant: _____

In what capacity do you know the applicant? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> I taught the applicant in college | <input type="checkbox"/> I am/was the applicant's supervisor |
| <input type="checkbox"/> I am/was a colleague of the applicant | <input type="checkbox"/> I am/was the applicant's college adviser |
| <input type="checkbox"/> I am/was the applicant's employer | <input type="checkbox"/> I am a personal friend of the applicant |
| <input type="checkbox"/> Other: Please explain _____ | |

Please rate the applicant in the following areas. If you have no basis for assessment of an indicator, please indicate "NA."

	Excellent		Fair		Poor	NA
Scholarship	5	4	3	2	1	0
Academic potential	5	4	3	2	1	0
Writing skills	5	4	3	2	1	0
Intellectual curiosity	5	4	3	2	1	0
Verbal communication skills	5	4	3	2	1	0
Dependability	5	4	3	2	1	0
Organizational skills	5	4	3	2	1	0
Initiative	5	4	3	2	1	0
Emotional maturity	5	4	3	2	1	0
Judgment	5	4	3	2	1	0
Multicultural competence	5	4	3	2	1	0
Interpersonal skills	5	4	3	2	1	0
Creativity	5	4	3	2	1	0
Honesty	5	4	3	2	1	0
Attention to detail	5	4	3	2	1	0
Independent thinking	5	4	3	2	1	0

Do you have any reservations regarding the applicant's ability to do graduate level scholarship and/or to enter the counseling profession? No Yes If yes, please explain _____

Please use the space below to share any additional information about the applicant.

Please download, complete, and return this form directly to:
Office of Enrollment Services * 1501 Lakeside Drive * Lynchburg Virginia 24501

Thank you for providing a reference to the Lynchburg College Counselor Education Program.