

RECOMMENDATION FORM REHABILITATION AND MENTAL HEALTH COUNSELING
 For Admission to Graduate Studies at Montana State University-Billings

Under the Family Education Rights and Privacy Act of 1974, the candidate named below will have access to this recommendation unless he/she has waived that right by signing below. If the waiver is signed, this recommendation will be kept confidential from the candidate.

To the Applicant: Complete this section and sign. Please Print

Candidate's Name: _____

Student ID #: _____ Phone: _____

I Waive Do Not Waive my right to review this letter of recommendation.

Signature: _____ Date: _____

To the Writer: If you wish to use business letterhead for additional remarks, please staple this form to it. If you wish to write a separate letter, please address the following criteria

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

<i>Please check one rating For each criterion</i>	<i>Outstanding</i>	<i>Above average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unable to rate or N/A</i>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and intellectual creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logical thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of subject area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constructive Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Writers Name: _____

Organization: _____

Title: _____

Address: _____

Phone: _____

Email: _____

