

LOUISIANA STATE UNIVERSITY IN SHREVEPORT

DEPARTMENT OF PSYCHOLOGY

One University Place

Shreveport, Louisiana 71115

(313) 797-5044

~Master of Science in Counseling Request for Reference~

Under the provision of the Family Educational Rights Act of 1974, this applicant (if admitted and enrolled) will have access to information provided below unless he/she has waived such access.

(Applicant completes this section)

Name of Applicant _____

(Optional) *I hereby waive my right to access to the material recorded below.*

Signature of Applicant

Date

The applicant should provide three references, one of which should be from a faculty member and the others preferably from an employer and/or supervisor. Respondents should mail this form to the:
***Department of Psychology, Louisiana State University in Shreveport
One University Place, Shreveport, Louisiana 71115.***

To the respondent: May we have your judgment of this candidate's qualifications and potential; the candidate's intellectual ability and motivation; the quality of previous work in which you have observed his performance; his/her character and personality; and his promise as a candidate for a professional training program in counseling. ***I would compare the applicant with other students of the same level as follows:***

CHARACTERISTICS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	No Opportunity to Observe
INTELLECTUAL ABILITY					
COMMUNICATIVE SKILL: <u>ORAL</u>					
<u>WRITTEN</u>					
ACADEMIC PREPARATION					
MATURITY					
TEACHING ABILITY					
WORK HABITS					
CREATIVITY					
EMOTIONAL STABILITY					
Ability to Work Cooperatively					

