

**COUNSELING PROGRAM
UNIVERSITY OF CINCINNATI**

Letter of Recommendation for Admission to Graduate School

TO CANDIDATES: If you wish this evaluation to be confidential, please sign the following waiver, thereby signifying that you will not have access to this recommendation.

I hereby waive my right to review given by the Family Educational Rights and Privacy Act of 1984, as amended, and I understand that the contents will not be available to me now or at any future time.

Candidate's Signature

_____ has applied for admission to the Masters/Doctoral Program in Counseling at the University of Cincinnati. To Assist the faculty in assessing this individual's potential as a graduate student and future professional counselor, your comments as to his/her moral character, academic ability, oral and written communication skills, quality of his/her professional work experience and potential/motivation for success in the counseling profession is requested. This letter is confidential if the candidate has signed the waiver above. After completing your letter of recommendation, please place it in an envelope, seal the envelope and sign your name across the envelope seal. It should be then returned to the applicant who has the responsibility of submitting this letter along with two others to the University of Cincinnati Counseling Program. Thank you for your assistance in our admissions process. Your input will weigh heavily in the decision making process.

Signature: _____ Printed Name: _____

Position: _____ Date: _____