

## Graduate Certificate Program - Evaluation of Applicant

Name of applicant \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Applying for Graduate Certificate in:</b> <input type="checkbox"/> Addictions Counseling <input type="checkbox"/> Couples, Marriage, & Family Counseling	<b>Term/ Year applying for:</b> Fall _____ Winter _____ Spring _____ Summer _____
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Name of person completing this form \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip Daytime

Relation to applicant \_\_\_\_\_ Length of time known \_\_\_\_\_

Thank you for taking the time to complete this evaluation for the prospective student interested in our program. This information will be used in making decisions on admission. **Be sure to complete both 1 and 2.**

**1. Please check one box in each row.**

	Poor	Below average	Satisfactory	Good	Excellent	No basis for judgment
Academic potential						
Dependability						
Ability to express ideas orally						
Ability to work with others						
Breadth of general knowledge						
Professional success thus far						

**2. Please attach your comments regarding your perception of the individual's strengths and potential as an Addictions Counselor or Couples, Marriage and Family Counselor.**

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

**PLEASE RETURN IN A SEALED ENVELOPE TO THE APPLICANT. THE APPLICANT WILL NOT BE CONSIDERED FOR ADMISSION WITHOUT THIS FORM.**