



**MSCP APPLICANT RECOMMENDATION FORM**

Applicant's Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

*Please Print*

Institution/Company \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone \_\_\_\_\_

*Please return completed form to: Graduate Services, Chaminade University, 3140 Waiālae Ave, Honolulu, HI 96816  
PH:(808) 739-4663 FAX: (808) 739-8329*

The above named student has requested that you complete this appraisal form for inclusion in his/her file for admission to the Master of Science in Counseling Psychology program.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT APPLICABLE
Oral Expression	<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"/>
Learning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please describe how long you have known the applicant and in what capacity.

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2. In your opinion, what are the applicant's strengths as applied to the field of counseling?

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3. What, if any, reservations would you have about this applicant's ability to successfully complete graduate study in the field of counseling?

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4. Additional comments:

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*Signature*

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*Date*

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