

Department of Counseling and Human Development | CHRD Graduate Program Recommendation Form

APPLICANT INSTRUCTIONS: Complete the information below, sign, and submit this form to your reference. Your reference may mail, fax, or email this form to the campus you indicate below. If applicable, please provide them with a self-addressed, postage paid envelope. You may not use relatives as a reference; if you have graduated within the last three years, you are encouraged to seek a recommendation from a previous professor.

Applicant Name _____ **Campus Applying To:** Brookings Rapid City

Email Address _____ Phone Number _____

Agreement respecting Confidentiality: I request this recommendation be treated as confidential to the faculty members of the CHD Department. I understand it will be used solely for a decision on my application for admission. I therefore agree that the contents of this appraisal shall not be made known to anyone else including myself except myself.

Applicant Signature _____

REFERENCE INSTRUCTIONS: The applicant above is applying for admission to the CHRD graduate program at South Dakota State University. Please complete the information below, attach a letter of reference, and fax, email, or mail to the appropriate campus listed below.

Name _____ Email _____

Business _____ Phone Number _____

1. Approximately, how long have you known the applicant? Less than 1 year 2-4 years 5-10 years 10+ years
2. In what capacity do you know the applicant? Former Student Current Student Co-worker Employee
3. How well do you feel you know the applicant? Casually Well Very Well
4. Do you have any concerns about this individual working with children or vulnerable adults? Yes No
5. Please rate the applicant's character and abilities below; '10' is highest, '1' is lowest:

Criteria	10	9	8	7	6	5	4	3	2	1	Unknown
Critical thinking skills											
Abstract thinking Skills											
Written expression											
Verbal expression											
Motivation											
Overall perception of academic skills											
Capacity for objective evaluation of self											
Maturity of judgment											
Capacity for handling stress											
Open-minded, tolerance of differences											
Open to feedback											
Maturity and emotional preparedness for graduate school											
Empathetic capacity											
Listening skills											
Self-Knowledge/recognition of own personal issues											
Energy level at work activity											
Ability to work closely with others											
Ability to work independently											

6. **Please attach a letter of reference** commenting on the intellectual and personal assets and/or liabilities that would influence this person's training and practice in professional counseling and student affairs. Include any areas in which you perceive that the applicant needs to grow in order to become an effective mental health or student affairs professional.
7. Thank you for completing this form; please sign here: _____
8. Please return this form to the campus indicated by the applicant above via mail, email, or fax:

BROOKINGS CAMPUS: SDSU CHD Department; Box 507 SWE 312; Brookings, SD 57007 / Fax: 605-688-4888

RAPID CITY CAMPUS: University Center; 4300 Cheyenne BLVD; PO Box 250; Rapid City, SD 57709 / Fax: 605-718-4021

Email: sdsu.chd@sdsu.edu