

**Recommendation Form
For the Master of Science in Marriage and Family Therapy Degree**

Please Type or Print Plainly in Ink

To the Applicant: Complete Part A, including your signature, and send the form with a stamped envelope addressed to the Graduate School to your evaluator. Address for envelope: Graduate School, Valdosta State University, Valdosta, GA 31698

To the Evaluator: Please complete the recommendation for the above named person and place it in a sealed envelope. Return the sealed envelope, with your signature across the seal, to: Graduate School, Valdosta State University, Valdosta, GA 31698

Part A – To be completed by the app04 472.92 -13Val8035 540 TmpTjgd.v8ltr4 5.16 176ref5d.v

I waive access to my recommendations. Yes No

Signature *Date*

Semester to begin program _____

Please rate this applicant's promise as a graduate student, in comparison to others of similar age and experience with whom you have worked, taught, or supervised.

	Upper 2%	Next 8%	Next 15%	Next 25%	Lower Half	No basis for judgment
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1. Written expression

Skill in written reports, essays; clarity and sophistication of writing; mastery of spelling,