



BARRY UNIVERSITY

Ph.D. in Counseling RECOMMENDATION FORM

Information provided by applicant:

Applicant's Name: _____
(Please print)

Social Security #: _____ (Optional: Used for identification purposes only)

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in academic advising and otherwise assisting you. Under the provisions of the Act, you have the right, if you enroll at Barry, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access I may have to this recommendation form.

Signature _____ Date _____

It is the responsibility of the applicant to distribute this form and request recommendations in support of his/her application for doctoral study, and follow up to ensure submission of required information.

The above individual has applied for admission to the Barry University doctoral program in Counseling.
Please comment on the following:

1. Intellectual capacity to engage in scholarly activities.
2. Skill in written communication.
3. Skill in verbal communication.
4. Achievement in previous academic programs.
5. Awareness of critical professional issues.

6. Potential for contributing to the profession.

7. Potential for providing leadership in his/her chosen field.

8. Other.

Relationship to applicant _____

Check only one: I recommend the applicant without reservation
 I recommend
 I recommend with reservations
 I do not recommend

Name (please print) Position Institution

Address: _____

_____ Phone: (_____) _____

Signature: _____ Date: _____

Please return to: Barry University
Division of Enrollment Services
Office of Admissions
11300 N.E. 2nd Avenue
Miami Shores, FL 33161-6695