



# Marietta College

## MASTER OF ARTS IN CLINICAL MENTAL HEALTH COUNSELING REFERENCE FORM FOR ADMISSION

Thank you for providing your reference to the Marietta College Master of Clinical Mental Health Counseling Program.  
Please fill out this form and return it directly to Dr. Michael Williams, Sr. at [maw013@marietta.edu](mailto:maw013@marietta.edu) or mail it to:  
**Marietta College – Master of Clinical Mental Health Counseling, 215 Fifth St. Marietta, OH 45750**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Years you have known the applicant \_\_\_\_\_

In what capacity do you know the applicant? Check all that apply.

I taught the applicant in college

I am/was the applicant's supervisor

I am/was a colleague of the applicant

I am/was the applicant's college adviser

I am/was the applicant's employer

I am a personal friend of the applicant

Other (please explain): \_\_\_\_\_

Please rate the applicant in the following areas. If you have no basis for assessment of an indicator, please indicate "NA".

	Excellent		Fair		Poor	
Scholarship	5	4	3	2	1	NA
Academic potential	5	4	3	2	1	NA
Writing skills	5	4	3	2	1	NA
Intellectual curiosity	5	4	3	2	1	NA
Verbal communication skills	5	4	3	2	1	NA
Dependability	5	4	3	2	1	NA
Organizational skills	5	4	3	2	1	NA
Initiative	5	4	3	2	1	NA
Emotional maturity	5	4	3	2	1	NA
Judgment	5	4	3	2	1	NA
Multicultural competence	5	4	3	2	1	NA
Interpersonal skills	5	4	3	2	1	NA
Creativity	5	4	3	2	1	NA
Honesty	5	4	3	2	1	NA
Attention to detail	5	4	3	2	1	NA
Independent thinking	5	4	3	2	1	NA

Do you have any reservations regarding the applicant's ability to do graduate level scholarship and/or to enter the counseling profession? No Yes (please explain): \_\_\_\_\_

*Please use the back of this form or attach a document to share any additional information about the applicant.*