

Master of Marriage & Family Therapy TEL: 864/596-9404

RECOMMENDATION FORM

Name of Candidate						
Under the provisions of the Family Educational Ri access to evaluations. The choice of this candidate	-		idate has the op	otion of waiving o	or not waiving t	he right of
I do not waive my right of access to this	evaluation.					
, , , ,		Signature of Candidate				
I hereby waive my right of access to this	evaluation.					
• • • • • •		Signature of Candidate				
Please evaluate this candidate b	pelow:					
	Outstanding	Very Good	Good	Fair	Poor	No Knowledge
Interpersonal skills						
Intrapersonal skills						
Empathy for others						
Leadership ability						
Cooperation						
Responsibility						
Attention to detail						
Commitment to the task						
General comments/evaluation: (Use back	ck of form for ac	Iditional comm	ents.)			
To the reference: Please use the above space for your evaluat	ion and forward this form	to Jill Feist in Graduat	e Admissions, Conv	erse College, Sparta	nburg, SC 29302.	
Name of Reference	_	Signature of R	Reference			
Position	_	Organization				
Address	Phone					
Date						

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