Directions:

1. Applicant: complete top portion and email to recommender
2. Recommender: complete bottom portion and upload to portal

CSU Bakersfield
School of Social Sciences and Education
Educational Counseling Program

Recommendation Form

Name of Applicant: _____ CSUB ID: _____
(if known)

To be filled out by the applicant before this form is given to the recommender:

I hereby waive any right to examine this recommendation form. I realize that the CSUB Educational Counseling Program will utilize this recommendation only in conjunction with consideration of my admission to the program and in evaluating my continued progress in regard to the characteristics listed below. I realize that waiving my right to access this form is not a condition of my admission.

Please initial your choice: _____**I agree to the above waiver** _____**I do not agree to the above waiver**

_____ _____
Signature of Applicant **Date**

To the Recommender:

This applicant has applied for admission to the California State University, Bakersfield Educational Counseling Program (with concentrations in School Counseling and College Student Affairs). Please give your opinion of the suitability of this applicant for the program according to the following characteristics: *(Mark appropriate description).*

1. Ability to perform graduate level study
   ◯ Very Promising ◯ Good ◯ Average ◯ Fair ◯ Doubtful
2. Potential for leadership in educational counseling
   ◯ Very Promising ◯ Good ◯ Average ◯ Fair ◯ Doubtful
3. Potential to apply problem solving and critical thinking strategies
   ◯ Very Promising ◯ Good ◯ Average ◯ Fair ◯ Doubtful
4. Potential for maintaining effective relationships with colleagues, students, and community members
   ◯ Very Promising ◯ Good ◯ Average ◯ Fair ◯ Doubtful
5. Possession of personality and character traits in keeping with the standards of the profession
   ◯ Very Promising ◯ Good ◯ Average ◯ Fair ◯ Doubtful
6. Your overall rating of potential as a candidate for placement in a school counseling or college student affairs capacity
   ◯ Very Promising ◯ Good ◯ Average ◯ Fair ◯ Doubtful

How long have you known the applicant and in what capacity: _____

Comments: _____

_____

Name and Position: _____

Address/Phone: _____

_____

Signature: _____ Date: _____

To submit to the portal click the link to the right, thank you. **Recommendation Submittal Portal**

Revised 10/23