

ALBERTUS MAGNUS COLLEGE  
New Haven, Connecticut

Letter of Recommendation  
Master of Arts in Art Therapy & Counseling

Name of Applicant: \_\_\_\_\_

Applicant's Section

This letter will become part of your admissions file. It will not be disclosed to any unauthorized individual without your written approval. Under the provisions of the Family Educational rights and privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records, including application materials, if you attend Albertus Magnus College. You may waive your right of access to this letter of recommendation if you so choose. Your decision to waive or not to waive your right to access will have no effect on your application status. Please check the appropriate box and sign your name below.

I hereby waive  I do not waive  
my right of access to this information \_\_\_\_\_  
Applicant's signature

Respondent's Section

*The above-named person is applying for admission for graduate studies in Art Therapy at Albertus Magnus College. We would appreciate your candid assessment of the applicant's suitability for graduate-level studies. First, please evaluate the applicant in terms of the following characteristics, compared with other undergraduate students you have taught or supervised (or, if applicable, bachelor's-level employees you have supervised) during the last five years.*

Criterion	Outstanding (Top 5%)	Very Good (Top 20%)	Good (Top 50%)	Fair (Lower 50%)	Poor (Lower 20%)	No Basis for Evaluation
Academic Ability						
Oral Communication Skills						
Written Communication Skills						
Creative Potential						
Emotional Maturity						
Interpersonal Skills						
Professional/Ethical Standards						
Conscientiousness or Dependability						
Ability to Receive and Use Criticism						

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Descriptive Letter/Essay:

*If there is other information you would like us to consider, please use the space below to describe the applicant more fully. We are particularly interested in information that creates a portrait of the applicant as a unique individual, and illustrates the applicant's potential for success in the helping professions.*

Overall Evaluation:

I recommend this student \_\_\_\_ very strongly \_\_\_\_ strongly \_\_\_\_ fairly strongly \_\_\_\_ with reservation \_\_\_\_ not at all

\_\_\_\_\_  
Name of Recommender

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Organization Affiliation

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
How long and in what capacity have you known the applicant?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail this form to: MAATC Program Admission Committee  
Albertus Magnus College, 700 Prospect Street, New Haven, CT 06511