



## LETTER OF RECOMMENDATION FORM: MASTER'S PROGRAM IN COUNSELLING PSYCHOLOGY

**Deadline for receipt of this form and your Letter of Recommendation is: December 15<sup>th</sup>**

**Applicant's name:** \_\_\_\_\_  
(Please print clearly)

**Semester Applying for:** \_\_\_\_\_

The above named person is an applicant to the Master's Program in Counselling Psychology at McGill University. Please complete the scale below and use it as a supplement to your Letter of Recommendation.

	<b>Below 50%</b>	<b>Top 50%</b>	<b>Top 25 %</b>	<b>Top 10%</b>	<b>Top 5 %</b>	<b>Not able to Judge</b>
<b>Intellectual Capacity and Scholarship</b>						
<b>Motivation, Drive &amp; Initiative</b>						
<b>Quality of Written Expression</b>						
<b>Quality of Oral Expression</b>						
<b>Creativity</b>						
<b>General Preparation for Graduate Work</b>						
<b>Counselling or Helping Ability</b>						
<b>Maturity</b>						
<b>Interpersonal Skills</b>						

### OVERALL RECOMMENDATION:

Recommend highly \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend, with reservation \_\_\_\_\_

Do not recommend \_\_\_\_\_

**If this student applied to your graduate program, would you accept her /him? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Would you supervise this student? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Capacity in which you have known the applicant:** \_\_\_\_\_

**Please add any additional comments below which may be relevant:**

<b>Name</b>	<b>Signature</b>
<b>Institution/University</b>	<b>Date</b>
<b>Mailing Address</b>	<b>Telephone</b>
	<b>Email</b>

**Please submit this form with your letter of recommendation to:**

Alexander Nowak, Graduate Program Advisor  
 Counselling Psychology Program  
 McGill University  
 3700 McTavish Street, Room 614  
 Montreal, QC H3A 1Y2