

Southern Connecticut State University
 Marriage and Family Therapy Program
 501 Crescent Street - Davis Hall, 020A
 New Haven, Connecticut 06515
 (203) 392-6414 / Fax: (203) 392-6441

REFERENCE FORM 1

Name of applicant:	Date:
Applicant address:	Applicant's home phone:
Employer name/address:	Employer telephone:
Reference name/address:	Reference telephone:

I agree that the information supplied by the person named above shall remain in confidence. I waive my rights to see this information.

Signed: _____ Date: _____
(Candidate)

The individual named above is applying for admission to the Masters Program. In an effort to assist us in both maintaining the highest standards of professionalism and to plan individual learning contracts, we would appreciate you being candid and specific.

How long have you know the candidate? _____

In what capacity? _____

Please rate each of the following:

	Excellent	Moderate	Minimal	Don't Know
1. Conceptual ability				
2. Writing ability				
3. Speaking ability				
4. Ability to accept criticism				
5. Ability to be autonomous				
6. Self-awareness				
7. Ego strength				
8. Personal boundaries				
9. Flexibility				
10. Stability				

What do you imagine will give this potential marriage and family therapist the most difficulty?

With what will the candidate have the least difficulty?

Additional comments:

Signed: _____ Date: _____

"The confidentiality of this record is required under Chapter 306 of the Connecticut General Statutes. This material should not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes."

What do you imagine will give this potential marriage and family therapist the most difficulty?

With what will the candidate have the least difficulty?

Additional comments:

Signed: _____ Date: _____

"The confidentiality of this record is required under Chapter 306 of the Connecticut General Statutes. This material should not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes."

Marriage and Family Therapy Program
 501 Crescent Street - Davis Hall 020A
 New Haven, Connecticut 06515
 (203) 392-6414 / (203) 392-6441

REFERENCE FORM 3

Name of applicant:	Date:
Applicant address:	Applicant's home phone:
Employer name/address:	Employer telephone:
Reference name/address:	Reference telephone:

I agree that the information supplied by the person named above shall remain in confidence. I waive my rights to see this information.

Signed: _____ Date: _____
(Candidate)

The individual named above is applying for admission to the Masters Program. In an effort to assist us in both maintaining the highest standards of professionalism and to plan individual learning contracts, we would appreciate you being candid and specific.

How long have you know the candidate? _____

In what capacity? _____

Please rate each of the following:

	Excellent	Moderate	Minimal	Don't Know
1. Conceptual ability				
2. Writing ability				
3. Speaking ability				
4. Ability to accept criticism				
5. Ability to be autonomous				
6. Self-awareness				
7. Ego strength				
8. Personal boundaries				
9. Flexibility				
10. Stability				

What do you imagine will give this potential marriage and family therapist the most difficulty?

With what will the candidate have the least difficulty?

Additional comments:

Signed: _____ Date: _____

"The confidentiality of this record is required under Chapter 306 of the Connecticut General Statutes. This material should not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes."