

**Southern New Hampshire University**  
**Graduate Program in Community Mental Health**  
**463 Mountain View Drive, Suite 101**  
**Colchester, Vermont 05446**  
**802-655-7235 (p); 802-655-0236 (f)**

**To the Applicant: You are to fill in the information requested in this top area. Then, please give a form to at least two letters of reference, and ask that they mail it to PCMH directly.**

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

I WAIVE my rights to see my evaluation and therefore recognize that it will remain confidential.

I DO NOT WAIVE my rights of confidentiality and therefore will be able to see my evaluation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference: Please complete both sides of this form and mail or fax it directly to the Graduate Program in Community Mental Health, Attn: Jeanne Zimmerman, at the program address above.**

Name of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

Respondent's Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Respondent's Institution/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please rate the applicant in comparison with other students known to you who have applied for admission to graduate schools:

	Above Average			Average		Below Average			
	1	2	3	4	5	6	7	8	9
Intellectual Ability									
Breadth of General Knowledge									
Ability in: Verbal Expression									
Ability in: Written Expression									
Critical Thinking Ability									
Current Emotional Stability									
Maturity									
Ability to Accept Critical Feedback									
Ability to Interact Effectively									
Perseverance									
Motivation for Proposed Program of Study									
Independence/Autonomy as a Learner									

