

# Marriage and Family Therapy



**MASTER OF SCIENCE**  
Oregon Institute of Technology  
Klamath Falls, OR

## RECOMMENDATION FOR ADMISSION

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### PART A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to this recommendation only if you enroll in the MS MFT program at Oregon Institute of Technology

I choose to waive my right of access \_\_\_\_\_  
Signature of Applicant Date

I choose not to waive my right of access \_\_\_\_\_  
Signature of Applicant Date

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### PART B: TO BE COMPLETED BY THE PERSON MAKING THIS RECOMMENDATION

*The person named above has applied for admission to the Oregon Institute of Technology graduate program in Marriage and Family Therapy. We would appreciate your candid evaluation of the applicant's ability to carry on advanced studies, as well as of her or his scholarship, personality, character, integrity, and professional promise. Please include the basis for your opinion, and use additional paper as needed. Thank you for your time and attention.*

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

What are the applicant's principal areas of strength?

What are the applicant's principle areas of weakness?

To the extent that you know this applicant's scholastic record, is it an accurate reflection of the applicant's academic skills? If "No", please explain.

What is your overall evaluation of the applicant's capacity for graduate work?

What is your overall evaluation of the applicant's potential to become a skilled mental health care professional?

| SUMMARY OF EVALUATION                    | Below<br>Average | Average | Above<br>Average | Outstanding | Exceptional | No Basis<br>for<br>Judgement |
|------------------------------------------|------------------|---------|------------------|-------------|-------------|------------------------------|
| 1. Academic Performance                  |                  |         |                  |             |             |                              |
| 2. Knowledge of the Field                |                  |         |                  |             |             |                              |
| 3. Intellectual Ability                  |                  |         |                  |             |             |                              |
| 4. Imagination/ Creativity               |                  |         |                  |             |             |                              |
| 5. Oral & Written Expression             |                  |         |                  |             |             |                              |
| 6. Initiative/ Resourcefulness           |                  |         |                  |             |             |                              |
| 7. Emotional Maturity                    |                  |         |                  |             |             |                              |
| 8. Seriousness about Graduate Study      |                  |         |                  |             |             |                              |
| 9. Promise as a Graduate Student         |                  |         |                  |             |             |                              |
| 10. Promise as a Practicing Professional |                  |         |                  |             |             |                              |

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|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____ Position/Title: _____                                                                                                               |
| Institution / Business: _____                                                                                                                   |
| Business Telephone Number: ( _____ ) _____ or Email: _____<br><i>You will be contacted only if more information or clarification is needed.</i> |
| Signature: _____ Date: _____                                                                                                                    |

Please mail directly to:  
 OREGON INSTITUTE OF TECHNOLOGY  
 Office of Admissions  
 3201 Campus Drive  
 Klamath Falls, OR 97601  
 800.422.2017 | 541.885.1000