



2900 North
Menomonee River
Parkway
Milwaukee, WI
53222-4597

LETTER OF RECOMMENDATION

Master of Science in Art Therapy

This section is to be completed by the applicant:

? I have _____ ? I have not waived access to this recommendation
(Not for my review) (Open for my review)

Signature: _____ Date: _____

Printed Name: _____

To the Recommender: Please rate the candidate on the following criteria:

| Criteria | Cannot Judge | Below Average | Satisfactory | Above Average | Superior |
|--------------------------------------------------|--------------|---------------|--------------|---------------|----------|
| Scholarship | | | | | |
| Motivated, open to learn new ideas | | | | | |
| Personal maturity, self-responsibility | | | | | |
| Oral communication skills | | | | | |
| Written communication skills | | | | | |
| Creative and critical thinking skills | | | | | |
| Range of interpersonal skills | | | | | |
| Ethical decision-making skills in helping others | | | | | |
| Self-concept, self-confidence | | | | | |
| Work or study habits | | | | | |

Narrative evaluation: The questions which follow suggest the type of information we find useful, but they are only provided as a guide. The more specifically you can describe the applicant's strengths and limitations, the more useful this information will be. 1) How long and in what capacity have you known the applicant? 2) What do you consider are the applicant's strengths and abilities? Please comment on intellectual ability, creativity, initiative, sensitivity to others, interpersonal effectiveness, reactions to criticism, and communication skills. 3) What do you consider are the applicant's limitations? 4) In comparison with other students or employees you have had during the past five years, how would you rank the applicant in scholarship or work abilities? Please continue on the back of this sheet or attach pages as convenient, and include any additional information which may help the admissions committee make a fair decision. Thank you.

Name of Recommender: _____ Position or Title: _____

School/Business & Address: _____

Signature: _____ Date: _____

Please return to: Art Therapy Department, Mount Mary College, 2900 N. Menomonee River Parkway, Milwaukee, WI 53222-4597