I, ____________________________, am applying for acceptance into the Alcohol and Drug Studies Program at Minnesota State University, Mankato. A student in this program must be an individual who possesses academic skills necessary to complete upper division coursework and personal qualities in preparation for work in the field of chemical dependency.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation.

_____I waive my right to inspect the contents of the following recommendation.

_____I do not waive my right to inspect the contents of the following recommendation.

Signed_____________________________________________

We would appreciate your candid evaluation of the above-named applicant’s ability to successfully complete the Alcohol and Drug Studies Program. Please submit additional sheets if more space is needed.

1. Please explain under what circumstances and how well you know this person.

2. Academic Abilities/Potential (i.e., ability to complete research papers, oral presentations, and test on class lectures, textbooks and other assigned readings)
3. Communication Skills (i.e., ability to express oneself, assertiveness, listening skills, group interaction)

4. Administrative Abilities (i.e., ability to organize work, meet deadlines, attention to detail, etc.)

5. Self Concept (i.e., personal goals, sense of values, sense of direction, self-awareness)

6. Personal Skills and Traits (i.e., responsibility, honesty, flexibility, sensitivity, tolerance for diversity, initiative)
7. What area/areas do you see this person needing development?

8. General Comments: Please add any further information concerning this individual you may feel is important.

Please indicate your reaction to this person’s potential as an Alcohol and Drug Counselor by checking the appropriate response.

_____ Highly Recommend              _____ Recommend With Reservations
_____ Recommend                      _____ Would No Recommend

Signature________________________________________________________________________ Date____________________

Name (please print)________________________________________________________________________
Position_____________________________________________________________________________________
Address_____________________________________________________________________________________
City, State, Zip______________________________________________________________________________
Phone_______________________________________________________________________________________

Please return form to: Alcohol and Drug Studies Program
                          Minnesota State University, Mankato
                          Department of Health Science
                          HN 213
                          Mankato, MN 56001