



# GRADUATE ART THERAPY PROGRAM

P.O. BOX 1980 ■ NORFOLK, VIRGINIA 23501-1980 ■ (757) 446-5895

## RECOMMENDATION FORM

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

Name of person completing this form: \_\_\_\_\_

### REVIEW OF APPLICATIONS BEGINS FEBRUARY 15 FOR FALL ADMISSION.

To the applicant: This form should be given to two professors and one personal/professional colleague who are able to comment on your qualifications for graduate study in Art Therapy. For the convenience of the person completing this form, you should include a stamped envelope addressed to:

Eastern Virginia Medical School  
Office of Enrollment for Health Professions  
Attn: Graduate Art Therapy Program  
Lewis Hall, Suite 1100  
700 W. Olney Road  
Norfolk, Virginia 23507-1607

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that they will remain confidential. It is your option to waive or retain your right of access to these recommendations. Please mark the appropriate response below and sign your name:

- I waive my right to review this recommendation  
 I do not waive my right to review this recommendation.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Degree sought: Master of Science (M.S.) in Art Therapy

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### RECOMMENDATION

1. I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.
2. I know the applicant:  slightly       fairly well       very well
3. I have known the applicant:  As an undergraduate student       As a graduate student  
 As a teaching assistant       As the applicant's employment supervisor       other : \_\_\_\_\_

4. Does the applicant have the necessary attributes in scholarship and character to undertake intense graduate level studies? Please comment:

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5. In comparison with other students whom you have had during the past five years (if applicable), how does the applicant rank in scholarship?     Best in years     Top 10%     Good     Average

6. Do you know of any weaknesses which might limit the applicant's chances of success in graduate level work?

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7. A clinical and research-based graduate program is demanding. Please comment on the applicant's initiative and motivation.

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8. We would greatly appreciate any additional comments which might help the Admissions Committee make a fair and proper decision concerning this applicant. Please make note of any attributes of health, maturity, personality, and scientific aptitude which will further describe the applicant. Please continue on additional sheets if needed.

Signature of person completing this form\_\_\_\_\_

Name (print)\_\_\_\_\_ Title\_\_\_\_\_

Institution or affiliation\_\_\_\_\_

*Thank you for completing this form. Eastern Virginia Medical School is an affirmative action, equal opportunity institution.*

Last Updated: 9/25/2006