



Addiction Certification
Recommendation for Admission

TO THE APPLICANT: Please complete the top section of this form.

Full Legal Name (Type or Print) Last First Middle E-mail Address

Present Address Number and Street City State Zip Code Country

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

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

Applicant's Signature Date

This recommendation should be sent to: Graduate Studies Office,
Department of Counseling & Development
Purdue University Calumet
2200 169th St.
Hammond, IN 46323

TO THE PERSON PROVIDING THE RECOMMENDATION: Please complete this section and mail the form to the address shown above.

I have known the applicant for years in my capacity as

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

Table with 7 columns: Characteristic, No Basis for Judgment, Weak, Below Average, Average, Above Average, Exceptional. Rows include Motivation for Academic Work, Intellectual Ability for Academic Work, Breadth of General Knowledge, Understanding of Addictions, Ability to Analyze Ideas, Ethical Standards & Integrity, Oral English Expression Skills, Written English Expression Skills, Potential Success as a Teaching Assistant, Promise in Research/Scholarship/Creative Endeavor, Overall, I expect the applicant's graduate work to be:

2. On the back of this sheet, or on a separate page that you attach to this form, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in addictions work? If the applicant were to apply to your department, would you support admission?

Respondent's Signature Date Telephone Number E-mail Address

Type or Print Name Title or Position

Institution or Affiliation Address

PLEASE SEND THIS COMPLETED FORM AND ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY TO THE DEPARTMENT NOTED ABOVE.