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# ANTIOCH UNIVERSITY

NEW ENGLAND

40 Avon Street  
Keene, New Hampshire 03431-3516  
*www.antiochne.edu • admissions.ane@antioch.edu*

800.552.8380 • 603.283.2130  
Fax: 603.357.0718

## Recommendation for Doctoral Study DOCTORAL PROGRAM, DEPARTMENT OF APPLIED PSYCHOLOGY Marriage and Family Therapy

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Applicant's Name \_\_\_\_\_

Entry Date:  Fall 2012

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, registered students are given the right to see all references submitted with an application for admission, unless the right to such access has been waived by the statement below. Recommendation letters received by the Admissions Office without the signature of the applicant will be considered confidential.

I hereby  Waive  Do not waive my right to see this letter of reference.

If you do not waive your right to see this letter of reference, it will be available in the Office of Admissions for three months after your matriculation.

Signature of Applicant \_\_\_\_\_

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Name of Recommender (please type or print clearly) \_\_\_\_\_

### To the Recommender:

The above named individual is applying for admission to our Doctoral Program in Marriage and Family Therapy. Our aim is to attract a talented, committed student body, with excellent graduate preparation in marriage and family therapy, marked by personal, ethnic, and cultural diversity. Maturity and self-awareness are important.

Attending to ability and potential, we rate each of the following areas equally:

- academic promise
- personal and interpersonal competence
- clinical and professional promise

We appreciate your detailed, thoughtful, and candid assessment. It would be particularly helpful for you to explore that candidate's strengths and weaknesses. Please sign the reverse and attach this form to your recommendation.

Please rate the applicant as compared to other people for whom you would be likely to write a recommendation. Place a check mark (✓) at the appropriate point on the scale below. Thank you.

*Competent but  
not outstanding*

*Excellent*

*One of the  
Very Finest*

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**The Office of Admissions must receive this letter no later than 5 PM January 27, 2012 for Fall 2012 entry.**

Office of Doctoral Admissions, Antioch University New England  
40 Avon Street, Keene, New Hampshire 03431-3516

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**Name of Recommender** \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

Relationship to Applicant (e.g., supervisor, teacher, colleague) \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to research Antioch University New England programs at [www.antiochne.edu](http://www.antiochne.edu).

Please check appropriate box if you would also like to receive printed information about Antioch University New England.

Master's Programs

Doctoral Program in     Clinical Psychology     Environmental Studies     Marriage and Family Therapy

Certificate Programs

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