

Pastoral Recommendation

Wheaton College Graduate School
Application for Admission – Clinical Psychology

Applicant Last Name (print)

First

M.I.

Part A – To be completed by Applicant

Have this form completed by a non-relative pastor, small-group leader, campus pastor, or an elder or deacon who knows you well. Provide a stamped, addressed envelope, if needed, for your recommender to use. *Program you are applying for:*

Doctor of Psychology (PsyD) MA in Clinical Psychology MA in Counseling Ministries

AGREEMENT RESPECTING CONFIDENTIALITY

I request that this recommendation be treated as confidential to the offices and faculty members of the Wheaton College Graduate School. I understand that it will be used solely for decision on my application for admission. I therefore agree that the contents of this appraisal shall not be made known to anyone else... *Check one:*

Including myself Except myself

Signature (or typed name) of Applicant

Date

Part B – To be completed by a Pastor or other Christian Leader

The above student is applying for admission to Wheaton College Graduate School. In order to promote and maintain the principles of Wheaton College as a Christian educational institution, special care is exercised in the admission of students. The applicant is expected to support the standards and the spirit of the College and be in harmony with its purposes. We give serious consideration to this statement and therefore request that you complete this form carefully and candidly. This completed form is *for the admissions process only and does not become a part of the student's file.*

1. How long have you known the applicant? _____

2. How well and under what circumstances have you known the applicant? _____

3. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?

Yes No Don't Know

4. EMOTIONAL/PERSONALITY TRAITS

	Below Average	Average	Above Average	Truly Outstanding	Unable to Judge
Capacity for objective evaluation of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for handling stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness, tolerance of differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle anxiety and fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates without being pushy or aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates to others without manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms relationships with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to receive feedback constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall maturity/emotional preparedness for graduate school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4a. Please comment on other noteworthy emotional traits: _____

5. Please comment – on a separate, typed sheet of paper – on the applicant’s spiritual maturity and/or how their faith impacts their personal life, academic work, role in the church, etc.

Recommender’s Name (print)	Signature	Date
Church or Organization	Position	
Address	Phone	
City	State	Zip
		E-mail

Please return this form to either (a) the applicant in a sealed envelope with your signature over the flap or (b) gradadm@wheaton.edu, (630) 752-5935 fax, or Wheaton College Graduate Admissions, 501 College Av., Wheaton, IL 60187 – per the applicant’s request. *Thank you.*