



EDGEWOOD COLLEGE

MARRIAGE AND FAMILY THERAPY PROGRAM REFERENCE FORM

Please include this form along with a letter of recommendation commenting on the candidate's potential for success as a graduate student and therapist.

Please print or type

Applicant's Name _____

Recommender's Name: _____

To the Recommender: The person named above is applying to our graduate program in Marriage and Family Therapy. Your evaluation will be a key component during the selection process.

1. How long have you known the applicant? _____

2. In what capacity do you know the applicant? _____

Recommender's Name: _____
Title: _____
Address: _____
C/S/Z: _____
Phone: _____
Signature: _____ Date: _____

Please upload form with the letter or email to gps@edgewood.edu. If mailed:

Edgewood College
Graduate Admissions Office
1000 Edgewood College Dr
Madison, WI 53711