

**POST MASTERS CERTIFICATE IN MARRIAGE & FAMILY THERAPY
MERCER UNIVERSITY SCHOOL OF MEDICINE
LETTER OF RECOMMENDATION FORM
(This Form must be attached to the Letter of Recommendation)**

Applicant's Name _____
Last First Middle

TO THE APPLICANT: The right to have access to the accompanying letter is given under the Family Educational Rights and Privacy Act. Please indicate below whether or not you desire to waive your right of access to this letter should you be admitted and actually enrolled in the Post Masters Certificate in Marriage & Family Therapy Program in Mercer University School of Medicine. If you do not waive your right, this fact will not affect your chances of acceptance in any way.

I hereby () waive () do not waive
my right to see the accompanying letter if I am admitted and actually enrolled in the Post Masters Certificate in Marriage & Family Therapy Program in Mercer University School of Medicine. I understand that I do not have any right of access if I am not accepted into this Program.

_____ Date Applicant's Signature _____

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**PLEASE RETURN TO THE OFFICE OF ADMISSIONS & STUDENT AFFAIRS MERCER
UNIVERSITY SCHOOL OF MEDICINE
1550 COLLEGE STREET, MACON, GA 31207.**

TO THE RESPONDENT: The applicant named above has chosen you to submit a Letter of Recommendation in support of an application to the Post Masters Certificate in Marriage & Family Therapy Program in Mercer University School of Medicine. **As you formulate your thoughts, please keep in mind the mission and the educational methodology of our program.** The mission of the Mercer University School of Medicine is to meet the primary care and health care needs of rural and medically under-served areas of Georgia. The mission of the Post Masters Certificate in Marriage & Family Therapy Degree Program is to train professionals who hold a Master's or a Doctor's degree in an allied mental health profession to become competent family therapists to work as mental health professionals both in the medical context and in mental health systems. The Program seeks to provide professional education and clinical training which will enable students to treat individuals, couples, families, and children from a family systems perspective.

As you write this letter, please address (1) how long and in what capacity you have known the applicant; (2) why you feel this applicant would be a good candidate for the Post Masters Certificate in Marriage & Family Therapy Program which complies with the mission of Program and the School of Medicine.

Please include any additional information that you feel would be helpful in describing this applicant. Your rating of this applicant relative to peers would be especially helpful.

THIS FORM MUST BE SIGNED BY YOU BELOW AND THE APPLICANT ABOVE AND ATTACHED TO YOUR LETTER OF REFERENCE.

Signature _____ Date _____
Printed Name _____
Title _____
Address _____