**PERSONAL REFERENCE REQUEST**

## TO THE RECOMMENDER:

*PLEASE ATTACH THIS FORM TO YOUR LETTER OF RECOMENDATION & RETURN IN A SEALED ENVELOPE TO THE ADDRESS ABOVE.*

**(Note: This form is double-sided, please be sure to complete all portions before returning.)**

## APPLICANT PLEASE COMPLETE THE FOLLOWING:

### NAME OF APPLICANT: QUARTER/YEAR APPLYING FOR:

PROGRAM:

 M.A. Child Development M.S. Clinical Counseling

 M.A. Psychological Science M.S. Industrial Organizational



*Department of Psychology*

5500 University Parkway San Bernardino, CA 92407-2397

Main Line: (909) 537-5570

Fax: (909) 537-7003

*This letter of recommendation is not accessible to applicants for admission. The Family Educational Rights and Privacy Act of 1974 gives students, once admitted and enrolled, the right to inspect their records, including letters of recommendation, unless the applicant has waived this right.*

## PLEASE CHECK ONE:

I waive my rights to have access to this letter of recommendation under the Family Educational Rights and Privacy Act 1974, or any other law, regulation policy.

I do not waive my rights to have access to this letter of recommendation under the Family Educational Rights and Privacy Act 1974, or any other law, regulation and policy.

## Signature Date

**RECOMMENDER**: We would appreciate your assisting us in evaluating the above named applicant's potential and ability as a prospective graduate student in the Department of Psychology. Your candidness and assistance in supplying us with this information is greatly appreciated.

Emotional Stability

Working with People Working Independently Following Directions Creativity

Oral Communication Written Communication Quantitative Reasoning Knowledge of Psychology

Dedication to Graduate Training Research Potential

Potential as a Counselor Promise as a Teacher

**All factors considered, what would you rate the overall capability of the applicant?**

Unknown

Poor

Moderate

Strong

Very Strong Extraordinary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Lower 50%** | **Top 50-25%** | **Top 25%** | **Top 10%** | **Top 2%** |
| **Observation** | **Below average** | **Average** | **Good** | **Excellent** | **Extraordinary** |

**Please advise us of any concerns about the applicant you may have:**

# Printed Name:

Signature:

Affiliation: Address: City: State: Zip: Phone: e-mail: