

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

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.

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

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

Printed Name: _____ Signature: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____