

**RECOMMENDATION FORM**  
**Masters Program in Psychology**

Program (Check one):

Applied Health \_\_\_\_\_

General \_\_\_\_\_

Applicant: \_\_\_\_\_

Recommended by: \_\_\_\_\_

TO THE APPLICANT: Under the Federal Family Educational Rights-Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations will remain confidential. It is your option to waive your right to access these recommendations or to decline to do so. Please mark your choice below, and sign your name.

\_\_\_\_\_ I do waive my right to review this recommendation.

\_\_\_\_\_ I do not waive my right to review this recommendation.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

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 TO THE RECOMMENDER:

1. PLEASE RATE THE APPLICANT COMPARED TO OTHER STUDENTS YOU HAVE KNOWN:

	lower 50%	upper 50%	upper 25%	upper 10%	upper 5%	No basis for judgment
academic ability						
interpersonal skills						
writing skills						
social awareness & concern						
emotional maturity						
ability to work with others						
independence - initiative						
professional commitment						
potential for success						

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND/OR ATTACH A LETTER OF RECOMMENDATION THAT ADDRESSES THESE QUESTIONS IN GREATER DETAIL.

2. How long have you known this applicant? In what capacity?

3. What are the applicant's greatest strengths?

4. What are the applicant's greatest weaknesses?

5. Do you have any additional information or comments that could help us evaluate the applicant's appropriateness for our program?

6. Indicate the strength of your overall endorsement of this applicant:

- not recommended
- recommended with some reservation
- recommended
- highly recommended

7. Additional comments: (attach additional page if necessary)

**PLEASE RETURN TO:**  
Graduate Admissions Committee  
Department of Psychology  
P.O. Box 15106  
Flagstaff, AZ 86011-5106

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Type or Print Name

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Signature of Recommender

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Position

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Address