RECOMMENDATION FORM
Masters Program in Psychology

Program (Check one):
Clinical Health (non-thesis) ___ Pre-doctoral Training in General Psychology ___
Teaching of Psychology (non-thesis) ___ Pre-doctoral Training in Clinical Health Psychology ___

Applicant Name : _____ 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: _____
- -

TO THE RECOMMENDER:

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

	lower 50%	upper 50%	upper 25%	upper 10%	upper 5%	No basis for judgment
academic ability						
writing skills						
oral communication skills						
independence/initiative						
commitment to chosen field						
emotional maturity						
ability to work with others						
interpersonal skills						
social awareness & concern						
potential / ability to handle stress of graduate program						
ability to handle/ incorporate feedback						
overall potential for success in graduate school						

2. Indicate the strength of your overall endorsement of this applicant:
___ not recommended ___ recommended
___ recommended with some reservation ___ highly recommended

PLEASE ATTACH A LETTER OF RECOMMENDATION THAT ADDRESSES THESE QUESTIONS
3. How long have you known this applicant? In what capacity? Please indicate the time frame that you used to make your evaluation of this applicant.
4. What are the applicant's greatest strengths?
5. What are the applicant's greatest weaknesses?
6. Do you have any additional information or comments that could help us evaluate the applicant's appropriateness for our program?

Type or Print Name _____ Date: _____
Signature of Recommender _____ Position and Institution: _____

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