

TO BE COMPLETED BY APPLICANT (PLEASE TYPE OR PRINT):

Name of Applicant:

\_\_\_\_\_  
Last First Middle Preferred Former

\_\_\_\_\_  
Mailing Address City State/Province Zip/Postal Code County Nation

\_\_\_\_\_  
Day Phone Evening Phone Email

Applying for:  Doctor of Philosophy in Clinical Psychology (Ph.D.)  Master of Arts in Organizational Psychology (M.A.)  
(Check One)  Master of Science in Marriage and Family Therapy (M.S.)  Doctor of Philosophy in Organizational Psychology (Ph.D.)

Please check if you wish to waive your right under the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380) to review this recommendation.

\_\_\_\_\_  
Applicant's Signature

**NOTE TO APPLICANT:** An academic reference is a required part of your application for admission. *This recommendation should be completed by someone who is familiar with your academic abilities. It may not be completed by the same person who completed either your professional or personal recommendation. All recommendation letters should be included in your application packet.*

TO BE COMPLETED BY RESPONDENT:

**NOTE TO RESPONDENT:** To aid us in the admissions procedure, please complete this form evaluating this person's academic abilities and potential as a graduate student in the program indicated above. The information you provide will be held in strict confidence and will be used only for the purpose of assessing the applicant's qualification for admission. The applicant will not have access to this recommendation if the waiver above has been checked.

**Please return the recommendation to the applicant in a sealed envelope for subsequent forwarding to the School of Psychology, Family and Community. Thank you for your assistance.**

PLEASE TYPE OR PRINT:

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How knowledgeable do you consider yourself about the applicant's academic and intellectual abilities?

Limited Knowledge Extensive Knowledge  
\_\_\_\_\_  
Circle appropriate number. 1 2 3 4 5  
\_\_\_\_\_



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Applicant's Signature

NOTE TO APPLICANT: A personal reference is a required part of your application for admission. It may not be completed by the same person who completed either your professional or academic recommendation. All recommendation letters should be included in your application packet.

TO BE COMPLETED BY RESPONDENT:

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PLEASE TYPE OR PRINT:

1. How long and in what capacity have you known the applicant?

Two horizontal lines for text entry.

2. What evidence have you observed of the applicant's concern for others and their ability to express that concern appropriately?

Two horizontal lines for text entry.

3. Do you believe that the applicant has worthy personal goals that she or he desires to pursue through professional training? Please list any of which you are aware.

Two horizontal lines for text entry.

4. Do you feel this individual has a sense of inquiry and scholarly curiosity?

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5. Evaluate the applicant's initiative and responsibility.

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6. Has the applicant demonstrated skill in interpersonal communications? What is the person's influence on others?

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7. How do you evaluate this person's character and/or relationships given your perception of requirements for a professional in the field noted on the reverse side?

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8. Evaluate the applicant's present situation. Is the applicant demonstrating the aptitude desirable of a professional in the field noted on the reverse side?

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9. As an aid to our evaluation of the applicant, we would appreciate any additional information that you can provide in terms of specific strengths and weaknesses of the applicant.

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10. In consideration of the applicant's suitability for study and overall potential for professional practice in the field noted on the reverse, please check one of the following:

- I do not recommend.     I recommend with reservation.     I recommend.     I highly recommend.

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Signature

Name (Please print or type.)

Date

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Institution and Address

Daytime Phone

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Position or Title

Would you like us to call you for a telephone conversation about this applicant?

Yes

No

**PLEASE RETURN THE RECOMMENDATION TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE FOR SUBSEQUENT FORWARDING TO THE SCHOOL OF PSYCHOLOGY, FAMILY AND COMMUNITY. THANK YOU FOR YOUR ASSISTANCE.**

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Applicant's Signature

NOTE TO APPLICANT: A professional reference is a required part of your application for admission. It may not be completed by the same person who completed either your academic or personal recommendation. All recommendation letters should be included in your application packet.

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2. What evidence have you observed of the applicant's concern for others and their ability to express that concern appropriately?

Two horizontal lines for text entry.

3. Do you believe that the applicant has worthy personal goals that she or he desires to pursue through professional training? Please list any of which you are aware.

Two horizontal lines for text entry.

4. Evaluate this individual in terms of their sense of inquiry and scholarly curiosity.

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5. Evaluate the applicant's initiative and responsibility.

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---

6. Has the applicant demonstrated skill in interpersonal communications? What is the person's influence on others?

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7. How do you evaluate this person's character and/or relationships given your perception of requirements for a professional in the field noted on the reverse side?

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8. Discuss your observations about the applicant's willingness to work with people from diverse backgrounds.

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9. As an aid to our evaluation of the applicant, we would appreciate any additional information that you can provide in terms of specific strengths and weaknesses of the applicant.

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10. In consideration of the applicant's suitability for study and overall potential for professional practice in the field noted on the reverse, please check one of the following:

- I do not recommend.     I recommend with reservation.     I recommend.     I highly recommend.

Signature

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Date

Institution and Address

Daytime Phone

Position or Title

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