Doctoral Program in Clinical Psychology (Psy.D.)

Recommendation Letter

	To	the	Ap	pli	ca	nt
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Independence/Initiative

Intellectual Curiosity

Professionalism

Research Skills

Teaching Skills

Ethical Sensitivity

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The Federal Family Educational Rights and Privacy Act of 1974 state	s that students are entitled to review their records, including
letters of recommendation. However, those writing them and those a	ssessing them may attach more significance to them if it is
known that the contents will remain confidential. It is your option to	waive or retain the right to review your recommendations.
Please indicate your choice below.	
☐ I waive my right to review this recommendation.	☐ I do not waive my right to review this recommendation.

Signature						Date
To the Evaluator						
Please use the back of this	form or a separate	e sheet to write a r	eference for the ap	plicant. When yo	u have completed	this reference,
please return it to the app	licant in a sealed e	envelope with your	signature across t	he flap.	-	
Evaluator's Name			Signature			
Applicant's Name						
I have known the applican	nt for yea	rs. I know the app	licant 🗖 slightly	☐ fairly well	□ very well	
The population with which	h I am comparing	this applicant is:				
According to the populat	ion in the last iter	m, rate the applica	ant on the followi	ng characteristics	:	
	Needs	I	Above			
	Improvement	Average	Average	Excellent	Superior	NA
Academic Ability						
General Knowledge						
Written Expression						
Oral Expression						
Originality						
Social Awareness/Concern						
Emotional Maturity						
Ability to Work with Others						

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My overall appraisal:	□ not recommended	☐ recommended with reservation
	□ recommended	□ highly recommended



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