

Instructions

Please fill out all applicable portions of this form to request letters of recommendation.

Once the form is returned to our office, your supervisors will be contacted and asked to write an evaluation based on your work with them. The evaluation will be incorporated into a formal letter of recommendation and the letters, and any required forms, will be returned to the institutions by the noted deadline. Please note that in order to accommodate your request for a recommendation letter, the materials and information requested are needed as soon as possible, **but no later than 3 weeks prior to the deadline.**

Please provide the stamps necessary to mail your letters/forms to the requested schools or back to you. Please do not provide envelopes, as the letters will be inserted into formal UB envelopes.

Use the following information when filling out the school's required evaluation forms (if necessary):

Recommender: William E. Pelham, Jr., Ph.D., ABPP
Title: Professor of Psychology, Florida International University
Director, Center for Children and Families
Institution: Florida International University/Center for Children and Families
Address: 11200 S.W. 8th Street
HLS I, Room 146
Miami, FL 33199
Phone: (305) 348-4236
Email: wpelham@fiu.edu

If you have any questions regarding what needs to be provided, please contact Miriam at (305) 348-4236 or miriam.rio@fiu.edu.

****Please note that in order to accommodate your request for a recommendation letter, the materials and information requested are needed as soon as possible, *but no later than 3 weeks prior to the deadline.***

Part I.

Please provide the following information:

Name: _____
Address: _____

Phone Number: _____
Email Address: _____

Undergraduate Institution: _____
Undergraduate Major: _____
Date of Graduation: _____
Overall G.P.A.: _____
Graduate Institution (if applicable): _____
Graduate Major: _____
Graduate G.P.A.: _____

GRE Scores:
Verbal: _____
Quantitative: _____

Part II.

Please list **all** positions held at CCF, starting with most recent:

1. Title of Position: _____
Supervisor: _____
Dates of Employment: _____
Job Description: _____

2. Title of Position: _____
Supervisor: _____
Dates of Employment: _____
Job Description: _____

4. Title of Position: _____
Supervisor: _____
Dates of Employment: _____
Job Description: _____

Please return completed form and all requested information to:
Miriam Rio
miriam.rio@fiu.edu
(305) 348-4236

Part III.

School Information: *(Use this space to indicate information for schools to which you are applying. Please use additional sheets if necessary)*

1.	Name of School:	_____
	Program applying to: <i>(e.g., Ph.D., Clinical Psychology)</i>	_____
	Contact Information and/or Address of school:	_____
	Letter Deadline:	_____
	Are there any other forms that the school requires to be filled out? <i>(If yes, please attach forms and list to the right)</i>	_____
	Is an online form required? <i>If yes, please make sure you supply Dr Pelham's email address: wpelham@fiu.edu and NOT your direct supervisor's</i>	_____
	Is the letter (and any applicable forms) to be sent to you to submit with your application, or directly to the school? <i>If directly to you, please make sure to notate address above.</i>	_____

2.	Name of School:	_____
	Program applying to: <i>(e.g., Ph.D., Clinical Psychology)</i>	_____
	Contact Information and/or Address of school:	_____
	Letter Deadline:	_____
	Are there any other forms that the school requires to be filled out? <i>(If yes, please attach forms and list to the right)</i>	_____
	Is an online form required? <i>If yes, please make sure you supply Dr Pelham's email address: wpelham@fiu.edu and NOT your direct supervisor's</i>	_____
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miriam.rio@fiu.edu
(305) 348-4236

3. Name of School: _____
Program applying to: _____
(e.g., Ph.D., Clinical Psychology) _____
Contact Information and/or Address of school: _____

Letter Deadline: _____
Are there any other forms that the school requires to be filled out? _____
(If yes, please attach forms and list to the right) _____
Is an online form required? _____
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4. Name of School: _____
Program applying to: _____
(e.g., Ph.D., Clinical Psychology) _____
Contact Information and/or Address of school: _____

Letter Deadline: _____
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5. Name of School: _____
 Program applying to: _____
(e.g., Ph.D., Clinical Psychology) _____
 Contact Information and/or Address of school: _____

Letter Deadline: _____
Are there any other forms that the school requires to be filled out? _____
(If yes, please attach forms and list to the right) _____
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 Is the letter (and any applicable forms) to be sent to you to submit with your application, or directly to the school? *If directly to you, please make sure to notate address above.* _____

6. Name of School: _____
 Program applying to: _____
(e.g., Ph.D., Clinical Psychology) _____
 Contact Information and/or Address of school: _____

Letter Deadline: _____
Are there any other forms that the school requires to be filled out? _____
(If yes, please attach forms and list to the right) _____
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 Is the letter (and any applicable forms) to be sent to you to submit with your application, or directly to the school? *If directly to you, please make sure to notate address above.* _____

PLEASE ATTACH A COPY OF YOUR UPDATED RESUME/C.V.

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 Miriam Rio
 miriam.rio@fiu.edu
 (305) 348-4236