

RECOMMENDATION FORM

Name of applicant

Program

The Family Educational Rights and Privacy Act of 1974 provides permission for a matriculated student to have access to his or her file unless a waiver of that right has been signed. If you wish to waive your right to have access to your file, sign your name in the space provided. If you do not sign, you will be permitted to inspect this reference online if you enroll at the Graduate School of Education and Psychology.

In the event that I become a student at the Graduate School of Education and Psychology, I hereby waive my right of access to this letter of recommendation.

Applicant's initials

Date

Recommender's Section

How long have you known the applicant?
 In what capacity?

Compared to individuals you have known at a similar level of development, please evaluate the applicant on each factor listed below.

	Superior Top 2%	Very Good Top 10%	Good Top 25%	Average Mid 50%	Below Average Low 25%	Unable to judge
Academic Ability						
Creativity						
Written Communication						
Oral Communication						
Clinical Aptitude (psychology only)						
Interpersonal Relations						
Maturity						
Motivation						
Ethics						
Potential to Complete Degree						
Overall Rating						

Comment on the applicant's potential as an education or psychology professional (attach additional pages if needed).

Recommender Name

Institution/Employer

Email

Recommender Initials

Position

Phone Number

Date