

RECOMMENDATION

ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE. PLEASE PRINT OR TYPE.

Name of Applicant	Program Code (pg. 8)	Date
-------------------	----------------------	------

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 only 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 Signature **X**

Date

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 (applicants for psychology programs only)						
Interpersonal Relations						
Maturity						
Motivation						
Ethics						
Potential to Complete Degree/Credential						
OVERALL RATING						

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

Name	Institution / Employer	Position
Address	City, State, Zip	Telephone Number ()

Signature **X**

Date

PLEASE RETURN THIS FORM TO: Pepperdine University Office of Admissions
Graduate School of Education and Psychology
6100 Center Drive, Los Angeles, CA 90045-1590