



LETTER OF RECOMMENDATION

Please print or type

TO BE COMPLETED BY THE APPLICANT

LAST NAME _____ FIRST _____ MIDDLE _____

CURRENT ADDRESS _____

TO THE APPLICANT:

The Federal Family Educational Rights and Privacy Act of 1974 states that students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing 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 and sign below.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

TO THE EVALUATOR:

The above named applicant is applying for admission to the School Psychology Program at California University of Pennsylvania. We are interested in your evaluation of his/her potential for graduate work, particularly intellectual ability, expressive ability (verbal and written), maturity, emotional stability, integrity, motivation and ethical standards. In this regard, please complete this form and return it to the Office of Admissions as soon as possible.

Evaluators Name Title Institution/Organization

Phone

Email

I have known the applicant for _____ years _____ months

- I have known the applicant as a(n):**
- graduate student
 - peer/professional
 - undergraduate
 - other (please specify)

I know the applicant: slightly fairly well very well

The population with which I am comparing this applicant consists of:

- undergraduate students I have taught/known
- colleagues I have worked with
- graduate students I have taught/known
- people I have supervised

Please continue on other side

PLEASE PLACE AN "X" IN THE APPROPRIATE BOXES BELOW.

	OUTSTANDING (TOP 2%)	EXCELLENT (TOP 10%)	GOOD (TOP 35%)	FAIR (TOP 50%)	WEAK (LOWER 50%)	UNABLE TO JUDGE
ACADEMIC ABILITY						
RESPECT FOR HUMAN DIVERSITY						
EMOTIONAL MATURITY						
ETHICAL AWARENESS						
INITIATIVE						
ORAL SKILLS						
WRITING SKILLS						
GENERAL INTERPERSONAL SKILLS						
ASSERTIVENESS						
CONFLICT RESOLUTION						
ABILITY TO WORK WITH OTHERS						
COOPERATIVENESS						
GENERAL ORGANIZATIONAL SKILLS						
CAREFULNESS						
ATTENTION TO DETAIL						
MEETING DEADLINES						

Please select the option below that best matches your overall evaluation of the student's ability to complete a graduate program.

- Recommended without reservation. _____
- Recommended with reservation. _____
- Not recommended. _____

If with reservation, please write the nature of the reservation below:

Please use the space below or another piece of paper for any additional comments:

Signature _____

Date _____

Please forward to: School of Graduate Studies
 California University of Pennsylvania
 250 University Avenue
 California, PA 15419