

CALIFORNIA STATE UNIVERSITY, FRESNO Application for: FALL \_\_\_ SPRING \_\_\_

Department of Psychology

### LETTER OF RECOMMENDATION

Psychology Graduate Programs

**THIS PART TO BE COMPLETED BY APPLICANT**

NAME: \_\_\_\_\_

Last

First

Middle

Please Check: \_\_\_ MA: General/Experimental \_\_\_ MA: Applied Behavior Analysis \_\_\_ EdS: School Psychology

To the Applicant: Complete the information requested above and give to the person(s) providing the reference(s). Please note that, generally, confidential recommendations often provide more useful information. In accordance with the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and the related policies and regulations, it is also understood that upon request, this letter will be made available to the applicant (or candidate) for examination. If you agree, you may sign the waiver below. The decision is up to you.

I waive the rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this form

**THIS PART TO BE COMPLETED BY THE EVALUATOR**

The Department of Psychology would appreciate a statement from you evaluating the person named above for enrollment in and successful completion of a graduate degree program. If additional space is needed, the back of this form may be used. Please mail this directly to the Department of Psychology.

Please rate the applicant with other individuals seeking comparable experiences.

	Superior	Above Average	Average	Below Average	Unable to Judge
Intellectual Ability					
Imagination and Creativity					
Interest and Enthusiasm					
Ability to Communicate					
Responsibility					

If you alone were making the decision as to whether or not the applicant should be accepted, which of the following would you do?

- \_\_\_\_\_ Seek out – Will be a truly outstanding student and professional
- \_\_\_\_\_ Definitely Accept—Will complete the indicated program at a superior level
- \_\_\_\_\_ Accept—Should complete the indicated program at a satisfactory level
- \_\_\_\_\_ Accept—Accept, but with reservations concerning ability or motivation (Please explain.)
- \_\_\_\_\_ Do not accept (Please explain.)

Signed \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

***This form and your letter of recommendation should be mailed directly to the Department of Psychology, 2576 E San Ramon M/S ST11, Fresno, CA 93740-8039.***