

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.