Letter of Recommendation Form
Department of Psychology
California State University, Fresno

☐ MA in Psychology (General/Experimental)
☐ MA in Psychology (Applied Behavior Analysis option)
☐ EdS in School Psychology

This part to be completed by applicant:

NAME: ____________________________________________________________________

Last                           First                           Middle

EMAIL: ____________________________________           PHONE NUMBER: (     ) ______ - _______

To the Applicant: Complete the information requested above and give to the person(s) providing the recommendation(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 ________________

This part to be completed by the recommender:

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 also rate the applicant with other individuals seeking comparable experiences.

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<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Rate</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Imagination and Creativity</td>
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<td>Interest and Enthusiasm</td>
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<td>Ability to Communicate</td>
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<td>Responsibility</td>
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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_________________________________________     Print_________________________________________ Date ____________ Position_____________________

Address  ____________________________________________________________________________________________________________

This form and your letter of recommendation should be mailed directly to California State University, Fresno, Department of Psychology, 2576 E. San Ramon Ave., ST11, Fresno, CA 93740-8039.