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:  

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>


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.

<table>
<thead>
<tr>
<th>Intellectual Ability</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imagination and Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Communicate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.