## University of Houston-Clear Lake CLINICAL PSYCHOLOGY PROGRAM

Recommendation for Applicant Admissions

**Instructions for Applicant:**

Complete the information below and give this form to an appropriate person who is familiar with your accomplishments, educational abilities, and/or your potential for productive scholarship and professional achievement. The form should be provided to each letter of recommendation writer. ***Three recommendations are required.***

## Applicant

Person writing recommendation

Check one of the following statements and sign below.

 I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this recommendation in my file at the University of Houston-Clear Lake.

 I do not wish to waive this right. Rather, I wish to retain the right to view this recommendation in my file at the University of Houston-Clear Lake.

## Signature of Applicant

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**To the Recommender:**

The applicant whose name appears above is applying for graduate study in Clinical Psychology at the University of Houston-Clear Lake. We would appreciate your candid appraisal of the applicant. Please fill out and scan this form. **Then send it, and, if possible, a letter of recommendation to** clinicalschool@uhcl.edu

As required by the Family Educational Rights and Privacy Act of 1974, an applicant may either elect to waive or not waive the privilege of viewing this recommendation. If the applicant has not checked the waiver statement and signed above, you should consider this form to be non-confidential.

# How long and in what capacity have you known the applicant?

**Please assess the applicant relative to other employees or students whom you have known.** *[Group used for comparison ]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ExceptionalTop 5% | ExcellentTop 10% | Above Avg.Top 25% | AverageTop 50% | Below Avg.Lower 50% | No Opportunityto Observe |
| Interpersonal Skills |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |
| Academic background and potential |  |  |  |  |  |  |
| Clinical experience |  |  |  |  |  |  |
| Emotional maturity |  |  |  |  |  |  |
| Effectiveness in oral communication |  |  |  |  |  |  |
| Effectiveness in written communication |  |  |  |  |  |  |
| Potential to complete graduate program |  |  |  |  |  |  |
| Potential for success as a clinician |  |  |  |  |  |  |

1. **What are the applicant's primary strengths and weaknesses?** *Include any special or unique qualities or skills, or any other qualifications, which make this individual a compelling candidate for our program.*

# What is your overall recommendation?

 *Strongly recommend Recommend with some reservation—please explain*

 *Recommend Do not recommend—please explain*

**Signature of Recommender Name of Recommender (please print) Position and Institution/Organization Email or Business Address**

Rev. 6/2021