

# University of Houston Clear Lake

Health Service Psychology PsyD  
College of Human Sciences and Humanities

## Recommendation for Applicant Admissions

Please send the signed form and recommendation letter to [psyd@uhcl.edu](mailto:psyd@uhcl.edu)

### Instruction to 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 returned to you, preferably sealed in an envelope as described below.

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 \_\_\_\_\_

### To the Recommender:

The applicant whose name appears above is making application for graduate study in the Health Service Psychology Doctoral Program at the University of Houston-Clear Lake. We would appreciate your candid appraisal of the applicant. Please feel free to attach a letter or additional page on your letterhead.

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.

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

**2. Please rate the applicant's qualities relative to other employees or students whom you have known. [Group used for comparison]\_\_\_\_\_**

	Exceptional Top 5%	Excellent Top 10%	Above Avg. Top 25%	Average Top 50%	Below Avg. Lower 50%	No Opportunity to Observe
Intellectual Ability						
Analytical & Problem Solving						
Writing Skills						
Public Speaking						
Interpersonal Skills						
Academic Motivation						
Emotional Maturity						
Clinical Experience						

**Please attach a recommendation letter with this recommendation form. In that letter, please speak to the applicants strengths and weaknesses, as well as his/her overall readiness for doctoral level training.**

**3. 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** \_\_\_\_\_