

University of Houston-Clear Lake
PROFESSIONAL PSYCHOLOGY PROGRAMS
Recommendation for Applicant Admissions

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. **Three recommendations are required; please duplicate this form as needed.**

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 _____

Program Applying to:

Clinical Psychology

Family Therapy

School Psychology

To the Recommender:

The applicant whose name appears above is making application for graduate study in Professional Psychology 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.

PLEASE RETURN THE FORM TO THE APPLICANT. We suggest that you return the form in a sealed envelope with your name signed across the envelope flap and onto the body of the envelope.

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

2. Please assess the applicant 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
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						

3. 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.*

4. 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 _____