

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 _____

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.

1. 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_____]

| | 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 | | | | | | |

2. 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.

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_____