



**Psy.D. Recommendation Form/Master of Science in Clinical and Counseling Psychology Recommendation Form**

**To the Applicant:** Complete the following items and forward this form to the individual who will provide your reference.

**Applicant's Name:** \_\_\_\_\_  
LAST FIRST MIDDLE FORMER/OTHER (IF APPLICABLE)

**To the applicant:** The Family Education Rights and Privacy Act of 1974 give students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications of admission. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

*If you wish to waive your right to examine the following letter of recommendation, please sign and date the waiver below:*

I expressly waive any rights that I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Do not sign unless you wish to waive your right to examine the following recommendation.**

**To the Person Completing this Form**

The person named above is applying for admission to the Psy.D. in Clinical in Psychology Program or Master of Science in Clinical and Counseling Psychology. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

*Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference, and any other subjective supplementary statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.*

Please note this form must be sent **directly** from the recommender and must contain the recommender's electronic signature. You may email this document to [graddocs@loyola.edu](mailto:graddocs@loyola.edu), which is preferred. Alternatively, you may also mail to:

Loyola University Maryland, Office of Graduate Admission, 2034 Greenspring Dr., Lutherville-Timonium, MD 21093

**Name:** \_\_\_\_\_ **DR./MR./MRS./MS.**  
**Title/Position:** \_\_\_\_\_  
**Company/Position:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Recommendations MUST be received by the Office of Graduate Admission on or before the application deadline.**

**Background Information:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ratings:**

Based on your observations of the applicant as compared to others seeking a career in psychology, please indicate the most appropriate descriptor of the applicant's performance and promise as a psychology graduate student in the areas

specified. If you feel unable to evaluate the applicant in an area, indicate that by marking "Inadequate opportunity to observe"

To whom are you comparing this applicant?

All undergraduate students I have taught       All graduate students I have taught

**Program Qualifications Characteristics** (please check appropriate box)

	<b>Inadequate Opportunity to Observe</b>	<b>Below Average</b>	<b>Average (Good)</b>	<b>Top 25% (Very Good)</b>	<b>Top 10% (Excellent)</b>	<b>Top 5% (Outstanding)</b>	<b>Top 1% (Truly Exceptional)</b>
<b>1. Oral Expression Skills</b>							
<b>2. Written Expression Skills</b>							
<b>3. Interpersonal Skills</b>							
<b>4. Emotional Maturity</b>							
<b>5. Ability to non-defensively reflect on experiences/ respond to feedback.</b>							
<b>6. Ability to work with individuals from diverse backgrounds</b>							
<b>7. Independence</b>							
<b>8. Initiative</b>							
<b>9. Research Skills</b>							
<b>10. Conscientiousness</b>							
<b>11. Common Sense</b>							
<b>12. Resourcefulness</b>							

When this person completes his/her training, I would feel comfortable having him/her as a colleague:

Exceptionally True     Very True     True     Somewhat True     Not True at All

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Master's program OR Psy.D. in Clinical in Psychology Program.

Strongly Recommend     Recommend     Recommend with Reservations     Do Not Recommend

On the next page in the space provided, please provide a formal narrative letter which provides additional information and qualifications about the applicant.

You may write or copy and paste your letter in the area below, which is preferred. Please indicate that you are attaching a separate letter in the box below if you choose to do so.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_