



Psy.D. 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 Psychology Program. 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.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. Sign your name across the sealed flap of the envelope and return it to:

Loyola University Maryland
Graduate Admission Processing Center
P.O. Box 1447
Beltsville, MD 20704

Signed letters and forms may also be scanned and emailed to: Graddocs@loyola.edu.

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)

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

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 at Loyola University Maryland.

___Strongly Recommend ___Recommend ___Recommend with Reservations ___Do Not Recommend

Signature: _____