



Southern Illinois University Edwardsville—Psychology Letter of Recommendation Form

APPLICANT SECTION – PLEASE TYPE OR PRINT

Applicant's last name	Applicant's first name	Applicant's Social Security Number
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Graduate Program to which you are applying: _____

To the applicant: This form should be given to professors who are able to comment on your qualifications for graduate study in psychology. You should not request a recommendation from a non-academic person unless you have been away from an academic institution for some time. For the convenience of the person completing this form, the applicant should provide an addressed, stamped envelope.

_____ I waive my right to view the contents of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.
 _____ I do not waive my right to view the contents of this letter. I understand that the decision itself will not affect the decision of the Admissions Committee.

Please note: The Family Education Rights and Privacy Act of 1974 accords admitted students the right to review these recommendation forms unless that right is waived.

Date _____ Applicant's Signature _____

REFEREE SECTION – PLEASE TYPE OR PRINT

To the referee: Please indicate with a check mark your rating of the applicant in terms of his/her academic ability, scholarly promise, and ability to successfully complete an intensive program of research and study. The comparison group should be applicants at a comparable stage in their academic career.

Criteria	Unable to assess	Below average Lower 50%	Average Upper 50%	Above average Upper 30%	Very Good Upper 20%	Outstanding Upper 10%	Truly Exceptional Upper 2%
Background preparation							
Independence							
Industry/perseverance							
Oral communication							
Written communication							
Interpersonal skills							
Overall evaluation							

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

Rank the applicant as a candidate for the graduate program for which he/she is applying. [] Highly recommended [] Recommended [] Doubtful [] Unsuitable

Please discuss your personal impressions of the candidate's intellectual ability, ability in research, or professional skill and comment on his or her character, quality of previous work, and promise of productive scholarship. We welcome your comments in the space below, but you are encouraged to attach a supplementary letter.

Referee's name _____

Position	Department
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Institution/Organization name	Address
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City	State	Zip code
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Email	Telephone number
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Signature of referee	Date
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Mail (**directly from referee**) to: Graduate Secretary, Department of Psychology, Box 1121, Southern Illinois University Edwardsville, Edwardsville, IL 62026-1121. Applications are due on February 1.