Minnesota State University, Mankato
Clinical Psychology Program

Applicant’s Name: _____________________________

Name of Referee: _____________________________

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 non-academic reference unless you have
been away from an academic institution for some time. For the convenience of the person
completing this form, you should include a stamped envelope addressed to:
Clinical Psychology Admissions Committee, Department of Psychology, Minnesota State
University, Mankato, 103 Armstrong Hall, Mankato, MN 56001.

Under the federal Family Educational Rights and Privacy Act of 1914, students are entitled
to review their records, including letters of recommendation.

I waive my right to review this letter of recommendation for the Clinical Psychology Program at
Minnesota State University, Mankato:

_____ Yes  ____ No

____________________________________  ________________________
Signature of Applicant               Date

1. Please comment on your familiarity with the applicant.

(a) How long have you known the applicant?
Less than one year    More than one year    Three or more years

(b) How well do you know the applicant?
Not well    Casually    Fairly well    Very well

(c) I have known the applicant: (Circle all that apply)
As a student in class    As an advisee    As an employee
Other (Please specify):

(d) The applicant has taken:
None of my classes    One of my classes    Two or more of my classes
2. Please rate the applicant’s abilities as compared to other undergraduates you know.

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<th>Top 50%</th>
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<th>Top 1-2%</th>
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<td>Appropriately assertive</td>
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3. Please place a check next to your overall impression of the applicant’s academic potential.

- [ ] Will complete the doctorate and be an outstanding professional.
- [ ] Should complete the doctorate.
- [ ] Should complete the master’s degree and has doctoral potential.
- [ ] Should complete a research oriented master’s degree.
- [ ] Should complete a non-thesis, applied master’s degree.
- [ ] May have some difficulty with master’s level coursework.
- [ ] Is unlikely to succeed at the master’s level.

Feel free to attach a letter of reference. Thank you.

Signature of Respondent: ___________________________  Date: ___________________________

Name (printed): ___________________________  Title: ___________________________

Institution: ___________________________  Email: ___________________________