

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, 23 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.

| | Top 50% | Top 25% | Top 15% | Top 10% | Top 1- 2% | No Basis for Judgment |
|---------------------------|---------|---------|---------|---------|-----------|-----------------------|
| Intellectual Ability | | | | | | |
| Oral Expression Skills | | | | | | |
| Written Expression | | | | | | |
| Potential as a Researcher | | | | | | |
| Initiative | | | | | | |
| Conscientiousness | | | | | | |
| Works well with others | | | | | | |
| Works independently | | | | | | |
| Capacity to handle stress | | | | | | |
| Well-organized | | | | | | |
| Accepts feedback | | | | | | |
| Appropriately assertive | | | | | | |

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: _____