

Graduate Applicant Confidential Reference Letter

Psy.D. Program, Marshall University

Applicant's name:

Respondent's name:

WAIVER OF ACCESS--MUST be filled out by the Applicant.

You have the right to waive your right of access to letters written about you. Please choose one option:

A. To retain your right to view this attached letter, check the box and sign the statement below:

I wish to retain my right to view my letters.

Date: Signature of applicant:

B. To WAIVE your right to view this letter, check the box and sign the statement below:

I understand that letters and statements of recommendation concerning me are to be maintained by Marshall University Graduate

Admissions, and I hereby expressly and voluntarily waive any and all access rights I might have under the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations or policies to this recommendation letter.

Date: Signature of applicant:

Respondent: Please provide the following information regarding the applicant. Please sign your evaluation, place in a sealed envelope, sign over the seal, and return it to the applicant.

1. Please indicate how long you have known the applicant and in what capacity.

2. Please rate the applicant on the following characteristics. Check the reference group to which you are comparing the applicant:

all undergraduate psychology majors

senior psychology majors

masters students

doctoral students

other Specify:

Characteristic	Bottom 50%	Top 50%	Top 25%	Top 10%	Top 5%	Can't Judge
Intellectual ability						
Academic ability						
Creativity						
Writing ability						
Emotional maturity						
Stability						
Openness to diversity						
Commitment to rural work						
Teaching skills						
Research skills						
Oral expression						
Interpersonal skills						
Cooperativeness						
Potential to complete program						
Independence						
Ability to work with others						

Please attach a letter on letterhead in which you address the points below as well as any other information you believe would be helpful to the committee in making an admission decision for this applicant.

1. Specific strengths that would help the applicant successfully complete a doctoral-level training program.
2. Weaknesses that may hinder the applicant's ability to successfully complete a doctoral-level training program.
3. Specific experiences you have had with the applicant that speak to his or her research, academic, or clinical skills.
4. Information regarding the applicant's interests or skills in working with rural and under-served populations.
5. If the applicant has a Master's degree in psychology, please provide any information you have on their professional skills and performance in a graduate-level program.

Signature:

Date:

Position:

Institution/Address:

City/State/Country:

Respondent:

Please place this completed evaluation form along with your letter on letterhead in a sealed envelope, sign over the seal, and return to the applicant.