



DEPARTMENT OF BEHAVIORAL SCIENCES

1950 Third Street  
La Verne, CA 91750

**Recommendation for Doctoral Study  
Doctor of Psychology Program (Psy.D.)**

*TO THE Psy.D. APPLICANT: Please Complete the portion of the form in the box below. This form should be given to a professor or employment/volunteer supervisor who can comment on your qualifications for doctoral study in clinical psychology. Three recommendations are required including at least one academic recommendation. To be acceptable, this form must have the appropriate box checked and contain your signature. Thank you.*

**APPLICANT: PLEASE PRINT OR TYPE**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

I waive my right to inspect and review this letter of recommendation

I do not waive my right to inspect and review this letter of recommendation

*(Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that they will remain confidential. It is your option to retain the right to read this document.)*

Signature of Applicant: \_\_\_\_\_

**TO THE EVALUATOR:** The above individual is applying for admission to the doctoral program in psychology at the University of La Verne and would appreciate your evaluation of his or her academic/professional work. Please include a separate letter of recommendation on your letterhead. We are particularly interested in your opinion regarding this person's:

1. Ability to profit from a doctoral program
2. Maturity and emotional stability
3. Oral and written communication skills
4. Empathy with or sensitivity to others
5. Potential for effectiveness as a professional psychologist

I have known the applicant for:  years and  months

I know the applicant:  slightly  fairly well  very well

I know the applicant as:

<input type="text"/>	an undergraduate student	<input type="text"/>	a graduate student
<input type="text"/>	a teaching assistant	<input type="text"/>	a volunteer in my organization
<input type="text"/>	an employee I supervised	<input type="text"/>	other, please explain:

\_\_\_\_\_

Indicate the population with which you are comparing the applicant in this rating:

<input type="text"/>	undergraduate students I have taught or known
<input type="text"/>	master's students I have taught or known
<input type="text"/>	doctoral students I have taught or known
<input type="text"/>	volunteers whom I have supervised
<input type="text"/>	colleagues with whom I have worked

(OVER)

According to the population you specified in the last item on the previous page, rate the applicant on the following characteristics (NBJ = no basis for judgment). If in your opinion any of your ratings require further elaboration, please include this discussion along with other comments in your personal letter of recommendation.

Characteristics	Lower 80%	Upper 51-70%	Upper 71-85%	Upper 86-95%	Top 5%	NBJ
Academic Ability						
General Knowledge						
Oral Expression						
Writing Ability						
Originality						
Social Awareness/Concern						
Emotional Maturity						
Productivity						
Ability to Work Well with Others						
Ability to Meet Deadlines						
Leadership Skills						
Openness to Feedback						
Independence/Initiative						
Professionalism						
Research Skills						
Clinical Skills						
Dependability						
Care Taken in Work						
Judgement						

My overall recommendation of this candidate:

Not Recommended

Recommended with some reservations

Highly recommended

Signature of person completing form: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Institution or Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS RECOMMENDATION**  
 Please return the form to: University of La Verne, Graduate Admissions  
 1950 3rd Street • La Verne, CA 91750