

Graduate Programs in Psychology

Recommendation Form

Background Information

To the Applicant Complete the follow	wing items and forward	this form to the individ	ual who will provide yo	our reference.			
Applicant's Name _	LAST	FIRST	MIDDLE	FORMER/OTHER (IF APPLICABLE)			
Address		NUMBER AND ST					
CITY		STATE AND COUN		ZIP/POSTAL CODE			
	. — — —	SIATE AND COOK	SIAIE AND COUNTRY ZIF/FOSIAE CODE				
Social Security Nur	nber						
Application Deadlin	ne						
Program ☐ Doctor of Psych ☐ M.S./Psy.D. Con ☐ M.S. in Clinical	- :	☐ Master's Plus:	Advanced Study Licensed Clinical Prof	Sessional Counselor Course Option			
I hereby release Loy my application. I fu with my application	rther release from liabilit	and its agents and empty all parties providing in	loyees from liability in aformation in good fait	connection with investigating and evaluatin h concerning my qualifications in connectio			
Applicant's Signatur	re			Date			
				at Loyola College in Maryland. nly qualified candidates.			
records unless and unti this form for the purpos	l they enroll at Loyola Colley se of admission only. The pro matriculation at Loyola. Yo	ge in Maryland. To ensure c fessional reference and any o	onfidentiality of information ther subjective supplementa	applicants for admission do not have access to their on within the spirit of the law, the college will use ary statements sent on the applicant's behalf, will be ant will greatly assist the Admissions Committee in			
it. Sign your name ac in a single package. Application deadling Semester. Application	eross the sealed flap of the The deadline for the studes to the M.S. program aron deadlines for the C.A	e envelope and return it lent submission of applic are April 15 for the Fall S S. and Master's Plus pr	to the student who wi ation materials for the I Semester or Summer Se ograms are July 15 for	pages in an envelope with your letterhead or Il submit all of his/her application materials Psy.D and M.S./Psy.D. Programs is January 1 essions and November 15 for the Spring Fall Semester, November 15 for Spring completing the recommendation.			
Name	/MS.						
Title/Position							
Company/Position_							
Address		NUMBER AND ST	REET				
CITY		STATE AND COUN	TRY	ZIP/POSTAL CODE			
Telephone Number							

Please add any additional comments on a separate sheet of paper to describe the applicant's qualifications, traits or accomplishments that demonstrate his/her ability to complete graduate studies and assume a leadership role in a health-related profession.

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

Ratings

Based on your observations of the applicant as compared to others seeking a career in psychology, please indicate the most appropriate descriptor of the applicant's performance and promise as a psychology graduate student in the areas specified. If you feel unable to evaluate the applicant in an area, indicate that by marking "No Basis for Judgement".

Clinical or Counseling Psychology Program Qualification Characteristics (please check appropriate box)								
1. Academic Ability	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
2. General Knowledge	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
3. Oral Expression Skills	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
4. Written Expression Skills	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
5. Originality	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
6. Social Awareness & Concern	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
7. Emotional Maturity	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
8. Desire to Achieve	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
9. Ability to Work with Others	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
10. Leadership Skills	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
11. Persuasive Ability	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
12. Independence & Initiative	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
13. Professional Commitment	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
14. Research Skills	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
15. Potential for Success	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
16. Carefulness of Work	Poor	☐ Average	\square Good	Outstanding	☐ No Basis for Judgement			
17. Adaptability	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
18. Common Sense	Poor	Average	\square Good	Outstanding	☐ No Basis for Judgement			
When this person completes his/her training, I would feel comfortable having him/her as a colleague to whom I could send therapy referrals. Exceptionally True Very True True Somewhat True Not True at All								
Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Program in Psychology at Loyola College in Maryland. Strongly Recommend Recommend Recommend Do Not Recommend								
Signature				Date				