



LETTER OF RECOMMENDATION

To the Applicant: Complete the information in the box below then give this form to a professional associate, clergy, professor or employer from significant work or volunteer experiences who can appraise your academic or professional performance. (Note: at least two recommendations should be academic related) The recommender should return this form to you in a sealed envelope, and should sign his or her name across the back of the seal. When you have received all the recommendations, enclose them along with the completed application and mail to the following address:

2001 JEFFERSON DAVIS HIGHWAY, SUITE 511; ARLINGTON, VIRGINIA 22202; 703.416.1441

Applicant's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

I waive my right to review this recommendation when completed and understand it will remain confidential.

I do not waive my right to review this recommendation.

I seek enrollment in: Doctor of Psychology (Psy.D.), Clinical Psychology

Master of Science (M.S.) Clinical Psychology

Master of Science (M.S.) General Psychology

Your relationship to the recommender:

Clinical Supervisor Clergy Professor Employer Other _____

Signature _____ Date _____

To the Recommender: The person named above is applying to the Institute for Psychological Sciences and has requested your recommendation. The Institute for Psychological Sciences is a graduate-level institution committed to the education and training of psychologists from a Catholic-Christian perspective. Your thoughtful and candid responses will assist us in our admissions evaluations.

1. How long have you known the applicant and in what capacity?

2. How well do you know the applicant? (Check One)

- By name/sight Fairly well—numerous personal contacts
- Casually – few personal contacts Very close relationship

3. Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential?

- Yes No I don't know

4. CLERGY RECOMMENDER ONLY: To your knowledge, is the applicant a practicing Catholic/Christian in their faith?

- Yes No I don't know

Comments: _____

5. FOR INTERNATIONAL STUDENT APPLICANTS: Please assess the student's ability to comprehend, write and speak in English.

- | | | | | | |
|-------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------------|---|
| Listening Comprehension | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> No Ability | <input type="checkbox"/> No chance to observe |
| Writing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> No Ability | <input type="checkbox"/> No chance to observe |
| Speaking | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> No Ability | <input type="checkbox"/> No chance to observe |

6. Please evaluate the applicant's qualifications by checking (√) in the appropriate spaces below.

Qualifications	Superior Top 10%	Good Top 25%	Average	Fair	No chance To Observe
1. Intellectual ability					
2. Knowledge of Psychology					
3. Knowledge of Philosophy/ Theology (specify)					
4. Interpersonal Skills – Works with others					
5. Oral Expression – Presentation skills					
6. Written Expression					
7. Ethical Behavior/ Industry/ Reliability					
8. Ability to relate to authority					
9. Level of Spiritual Commitment					
10. Potential as a Research scholar					

7. Please comment on the primary **strengths** (Superior rating) and **weaknesses** (Fair rating) of the applicant on the above categories. (or attach letter)

Strengths:

Weaknesses:

8. Do you recommend this applicant to The Institute for Psychological Sciences for the program he/she has indicated?

- Highly Recommend Recommend Recommend with reservations Do not recommend

Recommender's Name _____ Title _____

Institution / Organization _____ Department / Position _____

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

Signature _____ Date _____

To the Recommender: Please place this form in a sealed envelope, sign your name across the envelope flap to ensure confidentiality, and return the completed form **to the applicant**. Thank you for taking the time to complete this form. Your thoughtfulness is appreciated. No action can be taken on this applicant's file until this form is returned.