University of Houston—Victoria
Recommendation Form for Graduate Psychology Programs

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: _____ Date: _____
(Please type or print)

Program Applying to: _____Counseling Psychology _____School Psychology

Check one of the following statements and sign below:

_____ I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this recommendation in my file at the University of Houston-Victoria

_____ I do not wish to waive this right. Rather I wish to retain the right to view this recommendation in my file at the University of Houston-Victoria.

Signature of the Applicant: _____

TO BE COMPLETED BY THE REFERENCE:

1. **In what capacity have you known the applicant?** _____

2. **How long have you known the applicant (check one):**
_____ Less than a year _____1 year _____ 2-5 years _____5 or more years

3. **Please rate the applicant relative to other employees or students you have known (circle the rating number that applies):**
4=Exceptional, Top10%
3=Above Average, Top 25%
2=Average, Top 50%
1=Below Average, Lower 50%
0=Not enough information in this area to rate

Rating Area					
Shows a pattern of responsibility (including dependability and accepting responsibility for mistakes)	**4**	**3**	**2**	**1**	**0**
Shows a pattern of respect for others and sensitivity to others	**4**	**3**	**2**	**1**	**0**
Utilizes adequate interpersonal skills in relating to others	**4**	**3**	**2**	**1**	**0**
Shows a pattern of integrity and honesty	**4**	**3**	**2**	**1**	**0**
Shows a pattern of good personal hygiene, grooming and clean attire	**4**	**3**	**2**	**1**	**0**
Shows ability and potential to function as a professional in a mental health setting	**4**	**3**	**2**	**1**	**0**
Oral Communication Skills	**4**	**3**	**2**	**1**	**0**
Written Communication Skills	**4**	**3**	**2**	**1**	**0**

4. What is your overall recommendation? Please rate the candidate below and attach your letter of recommendation.

_____ Strongly recommended
_____ Recommend
_____ Recommend with reservation (please explain on back of form)
_____ Do not recommend (please explain on back of form)

_____
Signature of Reference Date

_____
Name of Reference (please type or print)

_____
Position and Institution/Organization

_____
Email or Business Address

Mail this form ***along with your attached letter of recommendation*** **to:** University of Houston—Victoria, Office of Admissions & Records, 3007 N. Ben Wilson, Victoria, TX 77901-5731

08/04/05