

Recommendation Form

For Graduate Psychology Program

STUDENT INFO

Date:		Relevant Term:	
Name:		Student ID:	

Program applying to: ___ Counseling Psychology ___ School Psychology ___ Forensic Psychology

Check one of the following statements and sign below:

___ I waive the right to view this recommendation in my file at the University of Houston-Victoria

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

Rather, I wish to retain the right to view this recommendation.

Signature of applicant _____ Date: _____

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.

(Below, circle the rating number that applies)

4 = Exceptional, Top 10%

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 relation 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 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

___ Recommended

___ Recommend with reservations (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
3007 N. Ben Wilson
Victoria, TX 77901-5731

Or email to admissions@uhv.edu
Or fax to 361-580-550