

## **College of Liberal Arts & Social Sciences**

3007 N. Ben Wilson, Victoria, TX 77901 Phone: 361-570-4201 | Fax: 361-580-5507

## **Recommendation Form**

|   | For Graduate Psychology Program   |           |  |     |     |   |  |
|---|---|-----------|--|-----|-----|---|--|
|   | STUDENT INFO  |           |  |     |     |   |  |
| Date:   | Relevant Te   | erm:      |  |     |     |   |  |
| Name:   | Student ID:   |           |  |     |     |   |  |
|   | ogram applying to:Counseling PsychologySchool PsychologyFor   | rensic Ps | ycholo   | рgy |     |   |  |
|   | eck one of the following statements and sign below:<br>_ I waive the right to view this recommendation in my file at the University of H<br>_ I do not waive the right to view this recommendation in my file at the Univers<br>Rather, I wish to retain the right to view this recommendation. |           |  |     | ia. |   |  |
| Sig   | nature of applicant Date:   |           |  |     |     |   |  |
| TC  | BE COMPLETED BY THE REFERENCE:  |           |  |     |     |   |  |
| 2.  | In what capacity have you known the applicant?<br>How long have you known the applicant (check one):<br>Less than a year 1 year 2-5 years 5 or more year  | s         |  |     |     |   |  |
| 3.  | Please rate the applicant relative to other employees or students you have known (Below, circle or click the rating number that applies)  | own.      |  |     |     |   |  |
|   | 4 = Exceptional, Top 10%3 = Above Average, Top 25%21 = Below Average, Lower 50%0 = Not enough information   |           | -  |     | 9   |   |  |
|   | RATING AREA   |           |  |     |     |   |  |
| Shows a pattern of responsibility (including dependability and accepting responsibility for mistakes)                   |   |           | 3  | 2   | 1   | 0 |  |
| Shows a pattern of respect for others and sensitivity to others   |   |           | 3  | 2   | 1   | 0 |  |
| Utilizes adequate interpersonal skills in relation to others  |   |           | 3  | 2   | 1   | 0 |  |
| Shows a pattern of integrity and honesty  |   |           | 3  | 2   | 1   | 0 |  |
| Shows a pattern of good personal hygiene, grooming, and clean attire  |   |           | _  |     |     |   |  |
| Shows a bility and potential to function as a professional in mental health setting                                     |   |           | 3  | 2   | 1   | 0 |  |
|   |   |           | 3  | 2   | 1   | 0 |  |
| Oral Communication Skills   |   |           | 3  | 2   | 1   | 0 |  |
| Written Communication Skills  |   |           | 3  | 2   | 1   | 0 |  |
| 4.  | recommendation.<br>Strongly recommended   |           |  |     |     |   |  |
| Recommend with reservations (please explain on back of form) Le    Do not recommend (please explain on back of form) my |   |           | Candidates: Upload this form and<br>Letter of Recommendation to your<br>myUHV To Do List.                        |     |     |   |  |
| Signature of Reference Date for of <u>of</u>  |   |           | Reference: If preferred, email this<br>form along with an attached <u>Letter</u><br><u>of Recommendation</u> to: |     |     |   |  |
| Name of Refe  | erence (please type or print)   | _ASS@uhv  | .edu   |     |     |   |  |
| Position and  | Institution/Organization Email or Business Address  |           |  |     |     |   |  |