**STANDARD RECOMMENDATION FORM:**

**TO THE APPLICANT:** This form should be given to professors who are able to comment on your qualifications for graduate study in psychology. You should not request a recommendation from a nonacademic person unless you have been away from an academic institution for some time. For the convenience of the person completing this form, you should include a stamped envelope addressed to the appropriate program director whose address is listed on the back of this form.

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

- [ ] I waive my right to review this recommendation.
- [ ] I do not waive my right to review this recommendation.

Date: ___________________  Applicant’s Signature: ___________________

Date by which this form should reach the applicant’s graduates schools: **JANUARY 15.**

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**RECOMMENDATION**

1. I have known the applicant for _____ years _____ months.

2. I know the applicant: _____ slightly _____ fairly well _____ very well

3. I have known the applicant:
   - [ ] As an undergraduate student
   - [ ] As a graduate student
   - [ ] As a teaching assistant
   - [ ] As an advisee
   - Other ____________________________

4. The applicant has taken: [ ] none of my classes [ ] one of my classes [ ] two or more of my classes

5. Indicate the population with which the applicant is being compared in this rating:
   - [ ] Undergraduate students whom I have taught.
   - [ ] Graduate students whom I have taught or known.
   - [ ] All students, graduate and undergraduate, whom I have taught or known.
   - [ ] Colleagues whom I have worked with.

6. Is the applicant’s academic potential greater or less than that indicated by his/her grades: Insert and X where appropriate on the scale below.
   - [ ] Much less [ ] Somewhat less [ ] Equal [ ] Somewhat greater [ ] Much greater [ ] No basis for judgment

7. If the applicant has had research experience, how would you rate his/her research potential?
   - [ ] Poor [ ] Fair [ ] Good [ ] Excellent [ ] Cannot determine

8. How would you rate the applicant’s potential for clinical or counseling work?
   - [ ] Poor [ ] Fair [ ] Good [ ] Excellent [ ] Cannot determine
9. Global ratings: Compared to the population indicated in item 5, rate this applicant on each characteristic.

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<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Lower 50% Below Average</th>
<th>Upper 50% Average</th>
<th>Upper 25% Above Average</th>
<th>Upper 10% Well Above Average</th>
<th>Upper 5% Outstanding</th>
<th>No Basis for Judgment</th>
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<tbody>
<tr>
<td>Academic Ability</td>
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<td>Oral Expression Skills</td>
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<td>Written Expression Skills</td>
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<td>Emotional Maturity</td>
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<td>Ability to Work with Others</td>
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<td>Leadership Skills</td>
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<td>Persuasive Ability</td>
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<td>Independence and Initiative</td>
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<td>Research Skills</td>
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<td>Potential for Success</td>
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10. Indicate the strength of your overall endorsement of the applicant.
   [ ] Not recommended   [ ] Recommended with some reservations   [ ] Recommended   [ ] Highly recommended

11. Please attach comments you might have regarding this candidate’s potential for graduate school and professional practice. The most important information you can provide about this applicant is information that is not reflected in the applicant’s transcript and test scores (i.e., work done outside of class and other characteristics you believe are related to success in graduate school).

Signature of person completing this form ___________________________ Title ___________________

Name (print) _______________________________________________________

Institution or affiliation ___________________________________________

Please check to make sure items are completed correctly and return this for to:

**School Psychology Applicants:**
Dr. Assege HaileMariam
Graduate Program in School Psychology
Department of Psychology
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920

**Clinical Psychology Applicants:**
Dr. Wesley Allan
Graduate Program in Clinical Psychology
Department of Psychology
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920