



Part 1 - to be completed by the applicant

Applicant's Name (please print): _____

Intended Field of Study (check only one box below unless you wish to be considered for both a master's and doctoral specialty in Counseling/ Counseling Psychology, in which case check both Counseling Psychology and Licensed Professional Counseling):

- | | |
|---|---|
| <input type="checkbox"/> Counseling Psychology, Ph.D. | <input type="checkbox"/> Instructional Design and Educational Technology, M.Ed., M.A., M.S. |
| <input type="checkbox"/> School Counseling, M.Ed./ M.S. | <input type="checkbox"/> Statistical and Research Methods, MSt. (M.Stat.) |
| <input type="checkbox"/> Professional Counseling, M.Ed./ M.S. | <input type="checkbox"/> Reading and Literacy, M.Ed. |
| <input type="checkbox"/> School Psychology, M.S. | <input type="checkbox"/> Reading and Literacy, Ph.D. |
| <input type="checkbox"/> School Psychology, Ph.D. | <input type="checkbox"/> Elementary Education, M.Ed. |
| <input type="checkbox"/> Learning and Cognition, M.A., M.S., M. Phil. | <input type="checkbox"/> Applied Positive Psychology Certificate |

The applicant's graduate school should receive this form by the following date: _____

To the applicant: This form should be given to professors, employers, or professional colleagues who are able to comment on your qualifications for graduate study in Psychology. For the convenience of the person completing this form, you should include a stamped envelope addressed to: Department of Educational Psychology, University of Utah, 1705 Campus Center Dr. RM 327, Salt Lake City, UT 84112-9255.

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters or recommendation. However, those giving recommendations and those assessing the 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 review the recommendation, or decline to do so. Please mark the appropriate choice below, sign and date.

Yes, I waive my right to review this recommendation

No, I do not waive my right to review this recommendation

(signature) _____ (date)

Part 2 - To be completed by the person giving the recommendation

Recommender's Name (please print): _____

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

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

3. I have known this applicant as:

- | | | |
|--|---|---|
| <input type="checkbox"/> An Undergraduate Student | <input type="checkbox"/> A teaching assistant | <input type="checkbox"/> An employee |
| <input type="checkbox"/> A Graduate Student | <input type="checkbox"/> An advisee | <input type="checkbox"/> A professional colleague |
| <input type="checkbox"/> Other (please explain): _____ | | |

Part 2 (continued) - To be completed by the person giving the recommendation

4. The applicant has taken:

- None of my classes
 One of my classes
 Two or more of my classes
 Not applicable

5. Is the applicant's potential greater than indicated by his/her grades?
 Yes
 No
 No basis for judgement

6. Indicate the population with which the applicant is being compared in this rating:

- Undergraduate students I have taught or known
 Graduate students I have taught or known
 All students I have taught or known
 Colleagues with whom I have worked

7. Compared with the population indicated in Item #6, please rate the applicant in the following categories:

| | Upper 2% | Upper 10% | Upper 25% | Upper 50% | Lower 50% | Don't know |
|---|----------|-----------|-----------|-----------|-----------|------------|
| Academic ability | | | | | | |
| Desire to achieve | | | | | | |
| Interpersonal skills | | | | | | |
| Potential for college teaching | | | | | | |
| Potential for research | | | | | | |
| Potential for administrative work | | | | | | |
| Potential for counseling or clinical work | | | | | | |

8. Indicate the strength of your overall endorsement of the applicant:

- Not recommended
 Recommended with some reservations
 Recommended
 Highly Recommended

9. If you believe there is any additional information that would aid us in evaluating the candidate for admission to our graduate program, please attach a separate letter to this recommendation form.

| | |
|---|--|
| Name and Position: _____ Address: _____ Location: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> City State Zip </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (signature) (date) </div> | <p><u>Please mail form to:</u></p> <p>University of Utah Department of Educational Psychology 1705 Campus Center Drive - RM 327 Salt Lake City, UT 84112-9255</p> |
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