 **Pacific Graduate School of Psychology at**

**Palo Alto University**

# Graduate Admission Recommendation

Name of applicant:

Name of person writing recommendation:

To the applicant: This letter of recommendation is confidential. Such letters are not accessible to applicants. 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 them may attach more significance to the recommendation if it will remain confidential. It is your option to waive or retain your right of access to this recommendation. Please record your decision and sign your name.

 ❒ I waive the right to view this letter of recommendation.

 ❒ I do not waive my right to view this letter of recommendation.

Signature of applicant: Date:

To the recommender: Please return this form, with a letter of recommendation, either to the applicant in a signed, sealed envelope or return to PAU.

1. Acquaintance with the applicant:

a. I have known the applicant for \_\_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_\_ months.
b. I know the applicant: ❒ casually ❒ fairly well ❒ very well

c. I have known the applicant as: ❒ undergraduate student ❒ graduate student

 ❒ research student ❒ teaching assistant ❒ employee / advisee ❒ other: \_\_\_\_\_\_\_\_

2. Overall qualifications of the applicant:

 a. At what level would you place the applicant among the students you have known?

 ❒ Top 5% ❒ Top 10% ❒ Top 15% ❒ Top 25% ❒ Top 50% ❒ Bottom half

 b. Is this applicant’s scholastic record, as you know it, an accurate reflection of the

 quality and range of his/her skills and competencies?

 ❒ Yes ❒ No (Please explain.)

3. Your letter will be most helpful in distinguishing this applicant from others. Please comment specifically on academic, research and/or clinical abilities and potential for graduate work. Please also focus on motivation, written and verbal comprehension and expression. In addition, please comment on the applicant’s interpersonal skills, maturity, judgment, and any other qualities related to the applicant’s potential as a practicing clinical psychologist. If there is any reason you believe we should hesitate to admit this student, please explain.

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Recommender Signature: Title/Position: Date:

Please return to: Palo Alto University, Office of Admissions, 1791 Arastradero Road, Palo Alto, CA 94304

Office of Admissions (800) 818-6136 Fax (650) 433-3888 Web Address: www.paloaltou.edu