## &WEST TEXAS A&M UNIVERSITY

## Graduate Program in Psychology Recommendation Form

To the Student

The student applicant must complete this section of the form before giving it to the individual completing the recommendation.

Under the Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing the 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 of access to these recommendations or to decline to do so. Please mark your choice below and sign the form before forwarding it to the individual you have selected to write your recommendation.

I do do not waive my right to review this recommendation.					
Applicant Name	Applicant Signature Date	Date			
	Title				
Institution/Affiliation	Phone#				
Address	Email				
May we have permission to co	ontact you for further information about the applicant? YES	NO			
Reference Signature					
In what context/setting have y	•				

,	uknow the applicant? ulation with which the applica	ant is being o	compared in this rating.		
Un	dergraduate Students		Graduate Students		
Em	nployees _		Colleagues		
If you have a po academic poten		applicant's gr	rades are they indicative of his or her		
No	, academic potential is much	higher.			
No	, academic potential is some	what higher.			
Yes, academic potential is accurately indicated by the grades.					
No	, academic potential is some	what lower.			
No	, academic potential is much	lower.			

Please rate the applicant's potential in the following areas.

Area	Poor	Fair	Good	Excellent	Do Not Know
Learning					
Teaching					
Research					
Work in applied Settings					
Work in Clinical Settings					
Teamwork					
Other Please specify:					

Please rate the applicant in the following areas

Characteristic	Lower 50%	Upper 50%	Upper 25%	Upper 10%	Upper 5%	No Basis to Judge
Academic Ability						
General Psychology Knowledge						
Scientific Skepticism						
Oral Expression						
Written Expression						
Emotional Maturity						
Flexibility						
Desire to Achieve						
Independence/Initiative						
Professional Commitment						
Tolerance for Ambiguity						
Time Management						
Work Ethic						
Creativity						

Please respond to the following statements about the app	licant. As YES,	NO, or Do Not	t Know			
The applicant exhibits ethical behavior.	YES	NO	DNK			
The applicant demonstrated ability to work well with others	.YES	NO	DNK			
The applicant is concerned about the quality of their work.	YES	NO	DNK			
The applicant takes corrective feedback well.	YES	NO	DNK			
Do you have any other information you believe we should applicant? (You may attach a letter if you wish.)	take into accou	ınt in considerir	ng this			
I endorse this applicants request for admission to the psychology graduate program.						
Highly, with enthusiasm and without reservati	ons.					
Fully recommended						
Recommend with some reservations						
Not recommended						

## Please email letters to:

WTAMU Graduate School Admissions graduateschool@wtamu.edu

If unable to send an electronic version, please submit to:

WTAMU Graduate School WT Box 60215 Canyon, TX 79016