

Recommenders must be former academic instructors, employers, or professionals within the mental health field with knowledge of the applicant's aptitude. Relatives may not submit recommendations.

DIRECTIONS TO THE APPLICANT: Complete the *Application Identifying Information & Recommendation Waiver* section below, and send to an individual who has agreed to serve as a recommender.

Applicant Identifying Information

Last Name			First Name		
Address			Primary Phone(###-###-####)		
City	State	Zip Code	Email Address		

Recommendation Waiver

Do you wish to waive your right to examine this recommendation? Yes No

Please Note: If you waive your right to examine this recommendation, this form can only be submitted by the recommender.

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including recommendations. However, students may waive their right to view these recommendations, in which case they will be held in confidence

Applicant Signature: _____ Date: _____

Recommender Information

Last Name			First Name		
Email Address			Primary Phone(###-###-####)		

How long have you known the applicant?

_____/_____
 Years Months

In what capacity do you know the applicant?

 Professionally / Academically

Company/Organization Information

Company / Organization			Position / Title		
Address	City	State	Zip Code		

Applicant Evaluation

Please rate the applicant on each of the following factors on a scale of 1 being poor, 3 being average, and 5 being excellent:

Dependability and Responsibility: The applicant can be relied upon, handles responsibility well, and follows through on commitments.

- 1
- 2
- 3
- 4
- 5

Oral Communication: The applicant expresses self clearly and concisely.

- 1
- 2
- 3
- 4
- 5

Listening Skills: The applicant listens attentively to others and responds appropriately to what was expressed.

- 1
- 2
- 3
- 4
- 5

Writing Skills: The applicant writes in a clear, concise, and grammatically correct manner.

- 1
- 2
- 3
- 4
- 5

Willingness to Accept Feedback: The applicant listens non-defensively to the constructive feedback of others and is willing to evaluate their suggestions.

- 1
- 2
- 3
- 4
- 5

Empathy and Understanding: The applicant shows a sincere concern for others and works toward clarifying information from others.

- 1
- 2
- 3
- 4
- 5

Emotional Stability: The applicant shows no signs of aberrant or bizarre behavior.

- 1
- 2
- 3
- 4
- 5

Maturity: The applicant acts with poise, mature judgment, and self-control.

- 1
- 2
- 3
- 4
- 5

Self-Confidence: The applicant demonstrates confidence in his/her own abilities.

- 1
- 2
- 3
- 4
- 5

Sensitivity: The applicant is aware of individual needs and diversity issues related to others.

- 1
- 2
- 3
- 4
- 5

Critical Thinking: The applicant has the ability to think in a logical, efficient, and productive manner.

- 1
- 2
- 3
- 4
- 5

Initiative: The applicant has the ability to identify situations, solutions and take the appropriate course of action.

- 1
- 2
- 3
- 4
- 5

Ethics: The applicant presents self in an ethical and professional manner.

- 1
- 2
- 3
- 4
- 5

Relationship with Others: the applicant gets along well with others, shows a tolerance for different views, and ability to compromise.

- 1
- 2
- 3
- 4
- 5

Judgment: The applicant demonstrates the ability to evaluate both positive and negative outcomes before making an appropriate decision.

- 1
- 2
- 3
- 4
- 5

Motivation: The applicant shows self-initiative and desire to work hard and excel in their endeavors.

- 1
- 2
- 3
- 4
- 5

Priority Setting: The applicant selects and completes work assignments in order of importance and handles changing priorities effectively.

- 1
- 2
- 3
- 4
- 5

Overall Recommendation

- I recommend the applicant as an excellent prospect for the graduate psychology program.
- I would recommend the applicant for admission to the graduate psychology program.
- I do not know the applicant well enough at this time to recommend admission.
- I have substantial doubts about the applicant.
- I feel the applicant is not well-suited for the mental health profession.

Additional Comments about the applicant:

Recommender Name: _____ Date: _____
Print Name

Recommender Signature: _____

NOTE: Digital signature is acceptable if the form is submitted from the recommender's email address that the applicant listed on their application.

Please submit the complete form directly to apply@umassglobal.edu