



RECOMMENDATION FORM
Doctor of Psychology (PsyD) Program
Graduate School of Professional Psychology

PLEASE TYPE OR PRINT CLEARLY IN INK

Applicant's Name _____ Social Security number _____

To the Applicant: The Family Educational and Privacy Act of 1974 gives students the right to review letters of recommendation. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission. Please check the statement below that indicates your option. Then sign and date.

- Confidential: I waive my right to review this recommendation.
- Nonconfidential: I retain my right to review this recommendation.

Signature _____ Date _____

To the Recommender: Please accept this form only if the applicant has completed the section above. The above named applicant is applying for admission to the Doctor of Psychology (PsyD) Program at John F. Kennedy University. We would appreciate your candid opinion of the applicant and are particularly interested in the applicant's suitability for doctoral study. Thank you for completing this form.

Please make a brief narrative statement here or attach a letter to this form.

Please assess the applicant on the qualities listed below by placing an X in the appropriate category. Use as your standard of comparison other students or employees whom you have known in a similar capacity.

Characteristic:	Poor	Good	Superior	Unable to Judge
Academic ability				
Breadth of general knowledge				
Understanding of human behavior				
Written expression of ideas				
Oral expression of ideas				
Ability to work with others				
Creativity and originality				
Social awareness and concern				
Maturity and judgment				
Emotional stability				
Self-awareness				
Professional commitment				
Appropriateness for chosen field				
Potential for success				

Indicate the strength of your overall endorsement of the applicant:

- Not recommended
 Recommended with some reservations
 Recommended
 Highly recommended

Please elaborate below, if you have checked Not recommended or Recommended with some reservations.

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

I know the applicant:
 slightly
 fairly well
 very well

I have known the applicant as:

- an undergraduate student
 a graduate student
 an advisee
 a teaching assistant
 a research assistant
 Other

Name _____ Title _____

Organization _____ Telephone _____

Address _____

Signature _____ Date _____

Return this form directly to: John F. Kennedy University
 Admissions and Records Office
 100 Ellinwood Way, Pleasant Hill CA 94523-4817
 Telephone: 925.969.3330