

# RECOMMENDATION FORM

## PROGRAM APPLYING FOR:

- Doctor of Psychology in Clinical Psychology (PsyD)
  - Philadelphia
  - Harrisburg
- Post-Doctoral Certificate (Philadelphia Campus only)
  - Clinical Health Psychology
  - Clinical Neuropsychology
- Doctor of Psychology in School Psychology (PsyD)
- Master of Science in School Psychology (MS)
- Educational Specialist Degree in School Psychology (EdS)
- Master of Science in Counseling and Clinical Health Psychology (MS)
  - General Track
  - Addictions and Offender Counseling Track
- Full-time
- Part-time
- Master of Science in Organizational Development and Leadership (ODL)
- Certificate of Advanced Graduate Studies (CAGS)
- Respecialization in Clinical Psychology
- Respecialization in School Psychology

## TO THE APPLICANT:

The Federal Family Educational Rights and Privacy Act of 1974 states that students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the contents will remain confidential. It is your option to waive or retain the right to review your recommendations. Please indicate your choice and sign below.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TO THE EVALUATOR:

\_\_\_\_\_ is applying for admission to Philadelphia College of Osteopathic Medicine. We are interested in your evaluation of his/her potential for graduate work, particularly intellectual ability, expressive ability (verbal and written), maturity, emotional stability, integrity, motivation and ethical standards.

Please submit a letter of recommendation AND this form, mailing both together as soon as possible to the Office of Admissions.

\_\_\_\_\_  
Evaluator's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution/Organization

\_\_\_\_\_  
Evaluator's Signature

I have known the applicant for: \_\_\_\_\_ years \_\_\_\_\_ months

I have known the applicant as a(n):  
 graduate student                       undergraduate  
 peer/professional                       other (please specify)

I know the applicant:                       slightly                       fairly well                       very well

The population with which I am comparing this applicant consists of:

- undergraduate students I have taught/known
- graduate students I have taught/known
- colleagues I have worked with
- people I have supervised

**According to the population specified in the last item, rate the applicant, relative to other individuals at the same level, on the following characteristics. (NBJ=no basis for judgment)**

CHARACTERISTICS	BELOW AVERAGE LOWER 50%	AVERAGE UPPER 50%	ABOVE AVERAGE UPPER 25%	EXCELLENT UPPER 10%	SUPERIOR UPPER 5%	NBJ
Academic ability						
General knowledge						
Scientific skepticism						
Oral expression						
Written expression						
Originality						
Social awareness/concern						
Emotional maturity						
Desire to achieve						
Ability to work with others						
Openness to cultural diversity						
Leadership skills						
Persuasive ability						
Independence/initiative						
Professionalism						
Research skills						
Teaching skills						
Potential for success						
Carefulness in work						
Judgment						
Interpersonal Skills						

**My overall recommendation of this candidate:**

- Recommended without reservation
- Recommended with some reservation (please note reservation)

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- Not Recommended