

# RECOMMENDATION FORM

Philadelphia  
College of  
Osteopathic  
Medicine

Department  
of Psychology

## PROGRAM APPLYING FOR:

- Doctor of Psychology in Clinical Psychology (PsyD)
- Doctor of Psychology in School Psychology (PsyD)
- Master of Science in School Psychology (MS)
- Educational Specialist in School Psychology (EdS)
- Master of Science in Counseling and Clinical Health Psychology (MS)
- Master of Science in Mental Health Counseling (MS)
- Master of Science in Aging and Long Term Care Administration (MS)
- Certificate of Advanced Graduate Studies (CAGS)
  - Applied Behavior Analysis
  - Cognitive Behavior Therapy
  - Organizational Development and Leadership
  - Professional Psychology
- Certificate of Graduate Studies (CGS)
  - Applied Behavior Analysis
- Respecialization in Clinical Psychology
- Respecialization in School Psychology
- Post-Doctoral Certificate in Clinical Health Psychology
- Post-Doctoral Certificate in Neuropsychology

## 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 completed form, to the PCOM Office of Admissions via mail or email.

\_\_\_\_\_  
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

PCOM  
Office of Admissions  
4170 City Avenue  
Philadelphia, PA  
19131-1694  
recommend@pcom.edu

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)

---



---



---

- Not Recommended