PENNSTATE
1855 Harrisburg

LETTER OF RECOMMENDATION
FOR GRADUATE ADMISSION
IN COMMUNITY PSYCHOLOGY
AND SOCIAL CHANGE

Mail to: *Office of Graduate Admissions*
Penn State Harrisburg
777 W. Harrisburg Pike
Middletown, PA 17057

To be completed by applicant:

Name of Applicant: _____

Name of Reference: _____

PSU ID Number _____

Please sign one of the following two statements:

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.

I retain my right of access to this letter of evaluation.

_____   _____
Signature   Date   Signature   Date

To be completed by respondent:

We have found that personal recommendations are helpful in providing a basis for the selection of applicants. We believe that you can be of greatest service both to us and to the applicant by being as candid as possible in your evaluation. If you feel that you haven't sufficient information to make any part or all of this evaluation, simply write "Don't know." Please feel free to substitute or add a letter on your own stationery.

1. How long have you known the applicant and in what connection? _____ years.

2. What would you say are the applicant's primary strengths?

3. What would you say are the applicant's primary weaknesses?

4. How would you rate this person on the following dimensions, using a scale running from 1 (low) to 10 (high)?

Analytic reasoning: _____   Quantitative reasoning: _____

Writing ability: _____   Ability to work effectively
in community settings: _____

Motivation to complete
the degree: _____   Overall potential for
graduate study: _____

5. The program to which this person has applied offers a Master's degree in Community Psychology. It is based on both psychology and sociology, and emphasizes the planning, implementing, and evaluating of social change at the level of organizations or communities. What in particular would lead you to recommend this person to this program?

_____   _____
Signature   Title

_____   _____
Name *(Please Print)*   Institution and Address

_____   _____
Date

(____)_____   _____
Telephone

Please return this form to the Office of Graduate Admissions at the address on the previous page, signing your name across the flap of the envelope.