



**LETTER OF RECOMMENDATION
FOR GRADUATE ADMISSION
IN PSYCHOLOGY**

Mail to:
Office of Graduate Admissions
Penn State Harrisburg
777 W. Harrisburg Pike
Middletown, PA 17057-4898

Part A - Please complete this section and distribute copies of this form to three professional references who can address your ability to do graduate study. Typically, at least two of these individuals should have first-hand knowledge of your prior academic performance.

NAME _____
(Last) (First) (Middle)

Semester you wish to begin classes: Fall ____ Spring ____

Program sought: Applied Psychological Research ____ Applied Clinical Psychology ____

I agree that this recommendation shall be held in confidence by The Pennsylvania State University at Harrisburg and I hereby waive any rights I may have to examine it.

Signature _____ Date _____

Part B - To be completed by respondent. Please print or type.

PLEASE ASSESS THE APPLICANT ON THE LISTED QUALITIES IN COMPARISON WITH OTHER GRADUATE APPLICANTS WHO YOU HAVE KNOWN.

	Below Average	Average	Above Average	Outstanding	Truly Exceptional
Research aptitude					
Intellectual potential					
Ability to work with others					
Maturity					
Communication skills: Oral					
Communication skills: Written					
Motivation for proposed program of study					
Overall potential for academic/ professional success					

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

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

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

4. Depending on which major the applicant checked on the prior page, the program to which he or she has applied offers a Masters of Arts degree in either Applied Psychological Research or Applied Clinical Psychology. The Applied Psychological Research program focuses on the development of research skills within the context of scientific training in psychology and the Applied Clinical Psychology program provides clinical training. What in particular would lead you to recommend the applicant for his or her selected program?

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

Not Recommended	Recommended with some Reservation	Recommended	Highly Recommended

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, making sure that you sign your name across the flap of the envelope.