

## Psy.D. Recommendation Form

**To the Applicant:** Complete the following items and forward this form to the individual who will provide your reference.

Applicant's Name:				
	LAST	FIRST	MIDDLE	FORMER/OTHER (IF APPLICABLE)
Mailing Address:				
		NU	MBER AND STREET	
	ST	ATE AND COUNTRY		ZIP/POSTAL CODE
<b></b>	01			2 / 1. 001.1.2 002.2
with investigating and	evaluating my	application for a	dmission. I furthe	es from liability in connection r release from liability all ns in connection with my
Applicant's Signat	ure:		Date	e:

## To the Person Completing this Form

The person named above is applying for admission to the Doctor of Psychology Program. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference, and any other subjective supplementary statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. Sign your name across the sealed flap of the envelope and return it to: Loyola University Maryland, Graduate Admission Processing Center, P.O. Box 1447, Beltsville, MD 20704.

Name:			
DR./MR./MS.			
Γitle/Position:			
Company/Position:			
Address:			
Address:			
CITY		COUNTRY	ZIP/POSTAL CODE
Telephone:	E-mail	l:	
Recommendations MUST bor before the application d	eadline.		
Background Information			
How long and how well have	you known the applic	cant and in what	capacity?

Please add any additional comments on a separate sheet of paper to describe the applicant's qualifications, traits, or accomplishment, that demonstrate his/her ability to complete graduate studies and assume a leadership role in a health-related profession.

## Ratings

Based on your observations of the applicant as compared to others seeking a career in psychology, please indicate the most appropriate descriptor of the applicant's performance and promise as a psychology graduate student in the areas specified. If you feel unable to evaluate the applicant in an area, indicate that by marking "No Basis for Judgment"

## **Program Qualifications Characteristics** (please check appropriate box)

1.	Academic Ability
	PoorAverageGoodOutstandingNo Basis for Judgment
2.	General Knowledge
	PoorAverageGoodOutstandingNo Basis for Judgment
3.	Oral Expression Skills
	PoorAverageGoodOutstandingNo Basis for Judgment
4.	Written Expression Skills
	PoorAverageGoodOutstandingNo Basis for Judgment
5.	Originality
	PoorAverageGoodOutstandingNo Basis for Judgment
6.	Social Awareness & Concern
	PoorAverageGoodOutstandingNo Basis for Judgment
7.	Emotional Maturity
	PoorAverageGoodOutstandingNo Basis for Judgment
8.	Desire to Achieve
	PoorAverageGoodOutstandingNo Basis for Judgment
9.	Ability to Work with Others
	PoorAverageGoodOutstandingNo Basis for Judgment
10.	Leadership Skills
	PoorAverageGoodOutstandingNo Basis for Judgment
11.	Persuasive Ability
	PoorAverageGoodOutstandingNo Basis for Judgment
12.	Independence & Initiative
	PoorAverageGoodOutstandingNo Basis for Judgment
13.	Professional Commitment
	PoorAverageGoodOutstandingNo Basis for Judgment

11	Research SkinsPoorAverageGoodOutstandingNo Basis for Judgment
15	5. Potential for SuccessPoorAverageGoodOutstandingNo Basis for Judgment
16	5. Carefulness of WorkPoorAverageGoodOutstandingNo Basis for Judgment
17	'. AdaptabilityPoorAverageGoodOutstandingNo Basis for Judgment
18	B. Common SensePoorAverageGoodOutstandingNo Basis for Judgment
	this person completes his/her training, I would feel comfortable having ner as a colleague to whom I could send therapy referrals:
Ex	ceptionally TrueVery TrueTrueSomewhat TrueNot True at All
	e indicate the confidence with which you would or would not recommend the cant for admission to the Doctor of Psychology program at Loyola University and.
•	ngly RecommendRecommendRecommend with ReservationsDo Not Recommend
Signat	ture: