
APPLICANT SHOULD NOT WRITE BELOW THIS SPACE

TO THE RECOMMENDER:

If the student waives his or her right, the recommendation, except as used by the admission officers, will be held in confidence from the student and all other parties. If the student does not waive his or her right and matriculates, or if the student does not sign statement above and matriculates, the student will be permitted to see this form on request. If you prefer to write a letter, please attach it to this form. Your thoughtfulness in providing this information is appreciated.

Your recommendation may be returned to the student in a sealed envelope. Please sign across the seal for security. Otherwise, mail directly to Department of Psychology, 5151 State University Dr. Los Angeles, CA 90032.

1. The Graduate School will appreciate your evaluation (*on the reverse side or on an attached sheet*) of the applicant's capacity for success as a graduate student undertaking advanced study in his or her proposed field of study. If possible, compare the applicant to other students known to you who have attended or who are now applying for admission to this school.
2. Please rate the applicant in comparison with other students known to you who have applied for admission to graduate schools. This rating should accompany your letter of recommendation, not replace it.

	Truly Exceptional	Excellent	Very Good	Good	Slightly Above Average	Average	Below Average	No Basis for Judgment
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of Pursuing a Ph.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promise as a Professional in the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In what capacity and how long have you known the applicant?

4. How do you rate the applicant in overall ability and promise in comparison with other students at the same level of training?

- | | | | | | |
|-------------------------------------|--|---|---|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equal to the best in any department | Will perform at a superior level whenever admitted | Performance should be up to average of most graduate students | Qualifications marginal, but warrants consideration | Questionable whether admission to further study is warranted | Not able to judge |

5. If the applicant's native language is not English, please evaluate English proficiency.

6. From what I know I recommend the applicant for (check only one):

- Admission without reservation Admission No admission

(please explain)

Recommender's Name: _____ Title: _____

(please print)

School/Company: _____ Department: _____

Mailing Address: _____ Telephone: _____

Email address: _____

Signature: _____ Date: _____