Master of Science in Psychology
Clayton State University
Letter of Recommendation Clinical Track

To be completed by the applicant

Name of the applicant: ____________________________________________________________

Applicant must sign one of the following declarations:

I waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. (If this statement is signed by the applicant, s/he will not be able to see this letter of recommendation.)

Signed ______________________________________ Date __________________________

I do not waive my right of access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. (If this statement is signed by the applicant, s/he will be able to see this letter of recommendation.)

Signed ______________________________________ Date __________________________

To the recommender:
The person named above is applying for admission to the Master of Science in Psychology Program at Clayton State University. The program in Clinical Psychology serves to prepare students to be competent, ethical practitioners of psychological services in the community. Students will develop skills in psychological assessment, and in a variety of therapeutic modalities, including individual, family, couples, and group therapy. Students will be able to apply knowledge from various theoretical frameworks (e.g., cognitive, behavioral, psychodynamic, humanistic) to intervene effectively with a wide variety of psychological problems. Please share your perspectives as to the applicant’s ability to successful complete graduate coursework in Clinical Psychology, but to also function as a professional in the mental health field.

How long and in what connection have you known the applicant?

Your evaluation of this applicant: (Use separate sheet if necessary)

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Please evaluate the candidate in the following categories:

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<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Marginal</th>
<th>Poor</th>
<th>Not able to judge</th>
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<tbody>
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<td>Potential for academic success</td>
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<td>Intelligence</td>
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<td>Interpersonal Skills</td>
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<td>Works well with others</td>
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<td>Intellectual curiosity</td>
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<td>Maturity</td>
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<td>Oral communication</td>
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<td>Professional Ethics</td>
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How would you rate this candidate’s potential for success in graduate school compared to hi/her peers?

- Top 5%
- Top 10%
- Top 25%
- Top 50%
How well do you think the candidate is suited for the Master’s in Psychology in Clinical as described above?

______________________________________________________________________________________________
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Your overall recommendation for this applicant:

☐ Highly recommend  ☐ Recommended  ☐ Recommended with reservation  ☐ Not recommended

Name of recommender __________________________________________________________

Title/Position ________________________________________________________________

Address ________________________________________________________________

If additional information regarding this candidate is desired would you be willing to be contacted either by phone or email?

☐ Yes  ☐ No

If yes, please list the appropriate manner in which you would prefer to be contact

Phone Number ________________________________________________________________

Email Address ________________________________________________________________

Signature ____________________________  Date ____________________________

Please return this form directly to:
School of Graduate Studies
211 James M. Baker University Center
2000 Clayton State Boulevard
Morrow, GA 30260
If returned to candidate, recommendation form must be in a sealed envelope with signature of recommender across sealed flap. Thank you for your time and assistance.