

Master of Science in Clinical/Counseling Psychology

Clayton State University

Letter of Recommendation

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 Clinical/Counseling Psychology Program at Clayton State University. The program in Clinical/Counseling 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 adult and child 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 not only successfully complete graduate coursework in Clinical/Counseling 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)

Please evaluate the candidate in the following categories:

	Superior	Good	Average	Marginal	Poor	Not able to judge
Potential for academic success						
Intelligence						
Interpersonal Skills						
Works well with others						
Intellectual curiosity						
Creativity						
Motivation						
Maturity						
Written communication						
Oral communication						
Professional Ethics						

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?

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
graduate@clayton.edu

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.