

REQUEST FOR RECOMMENDATION

This form should accompany a signed recommendation letter on letterhead.



Instructions for Applicant:

Complete the following information and give this form to a person who is familiar with your abilities, your accomplishments and your potential for academic and professional achievement.

Name of Applicant: _____

Applicant phone number: _____

Program for which admission is sought (check one):

- Doctor of Psychology Master of Arts Certificate

Name of Person Writing Recommendation Letter : _____

Check one of the following statements:

- In accordance with the Family Educational Rights and Privacy Act of 1974, I voluntarily waive my right of access to this recommendation form and letter in my file at Adler School. (This option applies to recommendations received with no selection identified or applicant signature.)
- I wish to retain my right to view this recommendation in my file at Adler School.

Signature of Applicant: _____

Daytime Phone: _____

Instructions for Person Writing Recommendation Letter:

The applicant named above is applying for admission to a graduate program in the field of psychology or counseling at Adler School of Professional Psychology. We would appreciate your candid appraisal of the applicant.

As required by the Family Education Rights and Privacy Act of 1974, an applicant may either waive or not waive the privilege of viewing this recommendation form and letter. Please note whether the applicant has chosen to retain the right to view your recommendation and proceed with that choice in mind. If the section above is not signed, return this form to the applicant before proceeding.

In order to ensure that recommendations meet minimum standards of usefulness and relevancy for the purposes of the Admissions Committee, please provide the following information:

How long have you known the applicant? _____

In what capacity have you known the applicant? (e.g., friend, colleague, supervisor, etc.)

Please use the following ratings to give us your impressions of this applicant's qualifications for graduate study in psychology:

- 6 – Superior
- 5 – Above Average
- 4 – Average
- 3 – Below Average
- 2 – Marginal
- 1 – Unsatisfactory
- N/A – Unknown

Please explain any rating of less than four in your letter.

- _____ Level of interpersonal skills (ability to work with others, cooperation, likability, etc.)
- _____ Degree of self-awareness (knowledge of one's own strengths and weaknesses)
- _____ Freedom from any inappropriate behaviors that would compromise work in providing counseling and psychological services
- _____ Ethical standards and behaviors (relevant to the context in which you know the person)
- _____ Level of motivation and personal drive (likelihood of completing a challenging program)
- _____ Skill level in reading and/or understanding complex material (academic or work related)
- _____ Computer literacy and skill level (word processing or other skills)
- _____ Writing ability (clarity, use of grammar, spelling, syntax, etc.)

What specific skills does the applicant possess relevant to graduate study in psychology?

Are you aware of anything (character traits, temperaments, deficiencies) that might interfere with this person's graduate studies or the provision of psychological services?

Please attach a signed letter (on your letterhead) elaborating on the above ratings.
A written letter of recommendation must accompany this form in order to complete the applicants file.

Signature of Recommender: _____ Date: _____

Occupation/Employer: _____

Recommender's Full Address: _____

Daytime Phone: _____

Please keep a photocopy of this recommendation form and letter for your records.
If possible, fax a copy to Adler School Office of Admissions and mail the original, in a sealed envelope signed across the flap, to:

Office of Admissions – Chicago Campus
Adler School of Professional Psychology
17 N. Dearborn Street
Chicago, IL 60602
Ph: 312-662-4100 Toll Free: 866-371-5900
Fax: 312-662-4199

Office of Admissions – Vancouver Campus
Adler School of Professional Psychology
1090 West Georgia Street, Suite 1200
Vancouver, BC Canada V6E 3V7
604-482-5510 Fax: 604-874-4634