

Psy.D. Program at Marshall University Recommendation Form

Applicant's name: _____

Respondent's name:

Under the provisions of the Family Education Rights and Privacy Act of 1974, you, if admitted and enrolled, will have access to the information provided in this recommendation unless you have waived such access. Please indicate your decision below by checking the appropriate box, sign and date.

☐ I hereby waive my right of access to the information on this form and attachments.

☐ I do not waive my right of access to the information on this form and attachments.

Signature of applicant: _____ Date: _____

Respondent: Please respond to the following information regarding the applicant. Please email this form and the letter directly to Graduate Admissions at graduateadmissions@marshall.edu.

1. Please indicate how long you have known the applicant and in what capacity.

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2. Please rate the applicant on the following characteristics. Check the reference group to which you are comparing the applicant:

○ All undergraduate psychology majors

○ Senior psychology majors

○ Master's students

○ Doctoral students

☐ Other (specify): _____

[illegible]

Please attach a letter on letterhead providing any information that you think would be helpful to the committee in making an admissions decision regarding this applicant. Please include information regarding the following points, in addition to other pertinent information:

1. Specific strengths that would help the applicant successfully complete a doctoral-level training program.
2. Weaknesses that may hinder the applicant's ability to successfully complete a doctoral-level training program.
3. Specific experiences you have had with the applicant that speak to his or her research, academic, or clinical skills.
4. Information regarding the applicant's interests or skills in working with rural and underserved populations.
5. If the applicant has a Master's degree in psychology, please provide any information you have on their professional skills and performance in a graduate-level program.

Signature: _____ Date: _____

Position: _____

Institution/Address: _____

City/State/Country: _____