

**RECOMMENDATION FORM**  
**San Diego State University/University of California, San Diego**  
**JOINT DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY**

For Admission Fall \_\_\_\_ **DEADLINE: December 1 for receipt** (not postmark) of all application material.

Applicant's Name (Last, First, M.) \_\_\_\_\_

Recommender's Name (Last, First, M.) \_\_\_\_\_

*To the Applicant:* Complete the information requested above and give to persons serving as reference. Please note that generally recommenders may provide information more useful to this department and to you if their recommendations are confidential. If you agree, you may wish to sign the waiver below. The decision is up to you.

I waive all right to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please be advised that if the applicant does not sign this waiver, he/she has the right to inspect this form and any letter of recommendation you may submit for him/her.*

*To the Recommender:* The person named above is applying to our graduate program as indicated. Your evaluation will be a very helpful component in our decision. Your remarks will be most useful if a) you could describe specific instances of the abilities, skills, and attributes you cite, b) you include any limitations as well as strengths.

1. a) How long have you known the applicant? \_\_\_\_\_ less than 1 year \_\_\_\_\_ more than 1 year
- b) How well do you know the applicant? \_\_\_\_\_ casually \_\_\_\_\_ fairly well \_\_\_\_\_ very well
- c) Has the applicant been \_\_\_\_\_ an advisee \_\_\_\_\_ in your class(es) \_\_\_\_\_ teaching assistant  
 \_\_\_\_\_ research assistant other- \_\_\_\_\_

2.	Where would you rank this student with respect to:	<b>Lower 25%</b>	<b>Mid 25%</b>	<b>Upper 25%</b>	<b>Top 10%</b>	<b>Top 5%</b>
a)	Students currently in your department .....	_____	_____	_____	_____	_____
b)	Students you have sent to Master's programs.....	_____	_____	_____	_____	_____
c)	Students you have sent to Doctoral programs .....	_____	_____	_____	_____	_____

3.	Please rate the applicant on the attributes listed below with respect to others at the same academic level.	<b>Lower 25%</b>	<b>Med 25%</b>	<b>Upper 25%</b>	<b>Top 10%</b>	<b>Top 5%</b>	<b>Not able to judge</b>
	Basic intellectual ability.....	_____	_____	_____	_____	_____	_____
	Knowledge and competence in psychology .....	_____	_____	_____	_____	_____	_____
	Motivation and diligence .....	_____	_____	_____	_____	_____	_____
	Research ability .....	_____	_____	_____	_____	_____	_____
	Potential as a teacher .....	_____	_____	_____	_____	_____	_____
	Maturity and social skills.....	_____	_____	_____	_____	_____	_____
	Work Habits .....	_____	_____	_____	_____	_____	_____
	Originality, aptitude for independent problem solving ...	_____	_____	_____	_____	_____	_____
	Ability to communicate orally ...	_____	_____	_____	_____	_____	_____
	Ability to communicate in writing..	_____	_____	_____	_____	_____	_____

4. If you alone were making the decision, which of the following would it be?

- \_\_\_ *Seek out* – Will be a truly outstanding student and later professional.
- \_\_\_ *Definitely accept* – Will complete the indicated program at a superior level.
- \_\_\_ *Accept* – Should complete the indicated program at a satisfactory level.
- \_\_\_ *Accept, but with reservation* concerning ability or motivation (Please explain under No. 5.)
- \_\_\_ *Do not accept.* (Please explain under No. 5.)

5. We have found a letter to be very helpful in rounding out the preceding information. Please use the space below or append a second sheet.

*Please return by December 1.*

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Name \_\_\_\_\_  
Print or type

Signature \_\_\_\_\_

Title \_\_\_\_\_

Return to:

Address \_\_\_\_\_

**Selection Committee  
SDSU-UCSD Clinical Psychology  
Joint Ph.D. Program  
6363 Alvarado Court – Suite 103  
San Diego, CA 92120-4913  
Tel: 619-594-2246 or 619-594-7113**

\_\_\_\_\_

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