

## PERSONAL REFERENCE FORM

Master of Arts in Psychology  
Division of Psychology and Counseling

**To the applicant:** Please complete the top portion of this form and then deliver it to a person who is acquainted with your academic program and/or with your professional experience.

Name of Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Applying for** (check one)    **Clinical Sequence**    **Theoretical Sequence**

The Family Educational Rights and Privacy Act of 1974 allows students to inspect their educational records. The law also permits the student to waive his/her right to inspect letters of recommendation. By signing below, you waive your right to read this letter of reference.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To the person completing this form:** The person named above is applying for admission to the above marked sequence in the Master of Arts in Psychology at Governors State University. Please complete this form, place it in an envelope, sign your name across the sealed flap, and return it to the applicant as soon as possible.

Please rate the applicant on each of the areas below using the following scale: 5 = outstanding (top 5%), 4 = very good (top 15%), 3 = good (top 30%), 2 = fair (top 50%), 1 = poor (bottom 50%), N/A (no opportunity to observe).

	5	4	3	2	1	N/A
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to verbally express ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to engage in self-exploration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to maintain academic/ professional commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am rating this applicant in comparison to the \_\_\_\_\_ (number)  senior undergraduate students  
or  graduate students that I have observed during the past \_\_\_\_\_ years

1. How long have you known the applicant and in what capacity?
2. What are the principle strengths of the applicant?
3. What are the primary limitations of the applicant?
4. Please provide your overall impression of the applicant's ability to successfully complete a master's degree program.

5	4	3	2	1
Outstanding	Very Good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Additional Comments:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position/title:

Address: