



**PGSP - STANFORD Psy.D. CONSORTIUM**  
**Admission Recommendation**

**Please return to:**

Office of Admissions  
PGSP-STANFORD-Psy.D.CONSORTIUM  
935 East Meadow Drive  
Palo Alto, CA 94303

**Graduate Admission Recommendation**

Name of applicant: \_\_\_\_\_

Name of person writing recommendation: \_\_\_\_\_

To the applicant: This letter of recommendation is confidential. Such letters are not accessible to applicants. Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to the recommendation if it will remain confidential. It is your option to waive or retain your right of access to this recommendation. Please record your decision and sign your name.

- I waive the right to view this letter of recommendation.
- I do not waive my right to view this letter of recommendation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To the recommender: Please return this form, with a letter of recommendation, to the applicant in a signed, sealed envelope.

1. Acquaintance with the applicant:

- a. I have known the applicant for \_\_\_\_\_ years \_\_\_\_\_ months.
- b. I know the applicant:  casually  fairly well  very well.
- c. I have known the applicant as:  undergraduate student  teaching assistant  
 graduate student  employee / advisee  other: \_\_\_\_\_

2. Overall qualifications of the applicant:

- a. At what level would you place the applicant among the students you have known?  
 Top 5%  Top 10%  Top 15%  Top 25%  Top 50%  Bottom half
- b. Is this applicant's scholastic record, as you know it, an accurate reflection of the quality and range of his/her skills and competencies?  
 Yes  No (Please explain.)

3. Your letter will be most helpful in distinguishing this applicant from others. Please comment specifically on academic performance and potential for advanced degree work. Please also focus on motivation, written and verbal comprehension and expression. In addition, please comment on the applicant's interpersonal skills, maturity, judgment, and any other qualities related to the applicant's potential as a practicing clinical psychologist. If there is any reason you believe we should hesitate to admit this student, please explain.

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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