PITTSBURG STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY AND COUNSELING
GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name_____________________________________________________________________________________

Last                                First                                  Middle

Recommender's Name__________________________________________________________________________________

Last                                First                                  Middle

Degree Sought:
[    ] M.S.                        [    ] Ed.S.

Program to which you are applying (please check one):
Psychology
[    ] General Psychology
[    ] Clinical Psychology

Counseling
[    ] Clinical Mental Health Counseling
[    ] School Counseling (Pre-K to 12)

Semester you plan to begin graduate study:  Fall [    ]        Spring [    ]        Summer [    ] of 20______________

To the applicant: Complete the information requested above and give to the person serving as a reference. Please choose whether or not you wish to waive your right of access to this recommendation. Your application will not be considered unless you have checked and signed this section.

______ I waive my rights to see this form and any supplementary note or letter, if written.

______ I do not waive my rights to see this form and any supplementary note or letter, if written.

Signature                                                                                                         Date_________________________________

=======================================================================================

The person named above is applying for admission to the graduate degree program indicated at Pittsburg State University. The department would appreciate very much having your appraisal of the applicant's qualifications for graduate work and potential for interpersonal effectiveness and later professional practice in the area indicated. If you write a separate letter, please complete this form and attach your letter. Thank you for your assistance and cooperation.

1. a. How long have you known the applicant? ________ Less than one year _________ Years

   b. In what capacity have you known the applicant?

2. Please rate the applicant (circle the appropriate percentile) on the traits shown below with respect to others of the same academic level in equivalent graduate training programs:

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Poor</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>99%</th>
<th>Not Able To Judge</th>
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</thead>
<tbody>
<tr>
<td>Academic Ability for Graduate Work</td>
<td>1</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
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<td>60</td>
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<td>80</td>
<td>90</td>
<td>99%</td>
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<tr>
<td>Communication Skills</td>
<td>1</td>
<td>10</td>
<td>20</td>
<td>30</td>
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<td>70</td>
<td>80</td>
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<td>99%</td>
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<tr>
<td>Potential Success in Forming Relationships</td>
<td>1</td>
<td>10</td>
<td>20</td>
<td>30</td>
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<td>90</td>
<td>99%</td>
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<tr>
<td>Motivation and Diligence</td>
<td>1</td>
<td>10</td>
<td>20</td>
<td>30</td>
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<tr>
<td>Openness to Self-Examination and to Personal and Professional Development</td>
<td>1</td>
<td>10</td>
<td>20</td>
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<tr>
<td>Potential as a Practitioner (if applicable)</td>
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<td>10</td>
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(over)
3. We would also appreciate a few sentences giving us your evaluation of the applicant's suitability for graduate study with special reference to initiative, creativity, drive, and emotional maturity. Either add a second sheet or use the space below. A statement about the applicant's emotional stability, maturity, and interpersonal effectiveness would be particularly important for people applying to our practitioner programs.

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 M.S. or Ed.S. at a superior level.
- Accept--should complete the master's degree and do satisfactory work in the field.
- Accept, but with reservation (please explain) concerning ability, motivation, or personal characteristics to successfully complete the degree and/or function as a practitioner.
- Do not accept (please explain).

Name (Print or Type)________________________________________________________________________________
Title/Position_______________________________________________________________________________________
Signature__________________________________________________________________________________________
Address____________________________________________________________________________________________

Telephone Office________________________________________________________________________
Home_________________________________________________________________________

Please complete and return this form before March 1 for Summer or Fall Admission or October 1 for Spring Admission to: Chairperson, Department of Psychology and Counseling, Pittsburg State University, 1701 South Broadway, Pittsburg, KS  66762-7551.