

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):

<u>Counseling</u> <input type="checkbox"/> Clinical Mental Health Counseling <input type="checkbox"/> School Counseling (Pre-K to 12)	<u>Counseling</u> <input type="checkbox"/> Clinical Mental Health Counseling <input type="checkbox"/> School Counseling
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<u>Psychology</u> <input type="checkbox"/> General Psychology <input type="checkbox"/> Clinical Psychology	<u>Psychology</u> <input type="checkbox"/> School Psychology
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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:

	Percentile	
	Poor	Outstanding
	1 10 20 30 40 50 60 70 80 90 99%	Not Able To Judge
Academic Ability for Graduate Work	1 10 20 30 40 50 60 70 80 90 99%	_____
Communication Skills	1 10 20 30 40 50 60 70 80 90 99%	_____
Potential Success in Forming Relationships	1 10 20 30 40 50 60 70 80 90 99%	_____
Motivation and Diligence	1 10 20 30 40 50 60 70 80 90 99%	_____
Openness to Self-Examination and to Personal and Professional Development	1 10 20 30 40 50 60 70 80 90 99%	_____
Potential as a Practitioner (if applicable)	1 10 20 30 40 50 60 70 80 90 99%	_____

(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.