

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

Applicant's Name: \_\_\_\_\_  
(first middle [maiden] last)

Recommender's Name: \_\_\_\_\_  
(first last)

Degree Program Sought:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| M.S. General Psychology             | M.S. School Counseling (Pre-K to 12) |
| M.S. Psychology (Behavior Analysis) | M.S. Clinical Psychology             |
| Ed.S. School Psychology             | Certificate in Behavior Analysis     |

Semester and year you plan to begin graduate study: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**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.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing the name below, I am electronically signing my application.

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

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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 on a scale of 1% to 99% (1% being poor and 99% being outstanding) on the traits shown below with respect to others of the same academic level in equivalent graduate training programs:

1 10 20 30 40 50 60 70 80 90 99%                      Not Able To Judge

Academic Ability for Graduate Work

Communication Skills

Potential Success in Forming Relationships

Motivation and Diligence

Openness to Self-Examination and to  
Personal and Professional Development

Potential as a Practitioner (if applicable)

**PLEASE COMPLETE BOTH PAGES**

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? (Please check only one box.)

Seek out--will be a truly outstanding student and later professional.

Definitely accept--will complete the graduate degree at a superior level.

Accept--should complete the graduate 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).

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

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

Department: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City,State,Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing the name below, I am electronically signing this recommendation form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete and return this form electronically before March 1 for Summer or Fall Admission or October 1 for Spring Admission to: [psych@pittstate.edu](mailto:psych@pittstate.edu).**