

LETTER OF RECOMMENDATION FORM
GRADUATE PROGRAM IN EXPERIMENTAL PSYCHOLOGY
DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF ARKANSAS

Please return this form by December 1st to:

Admissions Coordinator
Department of Psychology
University of Arkansas
Fayetteville, AR 72701

TO THE APPLICANT:

Please fill in your name and the name of the recommender on this form. For your recommender's benefit, please indicate your preference regarding the confidentiality of this form, and deliver this form to the recommender with a stamped envelope addressed to the Psychology Department (above address).

Applicant's Name:

Last

First

Middle

Recommender's Name

Last

First

Middle

Under the provisions of the Family Educational Rights and Privacy Act of 1974 and its amendments, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your inspection. Please check one of the following statements and place your signature in the space provided so that your recommender will be advised of your choice.

- I grant permission for the University of Arkansas to hold this letter of recommendation confidential and unavailable for my personal inspection.
- I retain the choice of having this letter of recommendation available for my personal inspection.

Signature of Applicant: _____

TO THE RECOMMENDER:

This form indicates the kinds of information we are seeking. Should you find it more suitable or convenient to prepare your evaluation in some other manner, please feel free to do so. Please sign your evaluation and forward it directly to the Admissions Secretary at the departmental address given above. Thank you for your help in our evaluation process.

1. I have known the applicant:

- less than one year, one or two years, more than two years;
- as a student, as an assistant, as an advisee, other _____

2. In comparison with other students I have known, this applicant's intellectual ability is in the:

- lowest 25%, middle 50%, upper 25%, upper 10%, upper 5%

3. Please indicate this applicant's potential for graduate study in psychology:

- unlikely to earn an advanced degree
- unlikely to go beyond the MA degree
- will probably complete the Ph.D.
- will definitely complete the Ph.D.
- will probably be a top Ph.D. student
- cannot evaluate

4. Please rate the applicant on the following characteristics:

	Extremely weak				Extremely strong				Not able to evaluate
Research aptitude	1	2	3	4	5	6	7	8	NA
Originality	1	2	3	4	5	6	7	8	NA
Acceptance of responsibility	1	2	3	4	5	6	7	8	NA
Industriousness	1	2	3	4	5	6	7	8	NA
Emotional maturity	1	2	3	4	5	6	7	8	NA
Ability to work independently	1	2	3	4	5	6	7	8	NA
Writing skills	1	2	3	4	5	6	7	8	NA
Speaking skills	1	2	3	4	5	6	7	8	NA
Computer skills	1	2	3	4	5	6	7	8	NA
Quantitative skills	1	2	3	4	5	6	7	8	NA

5. If you were a member of the admissions committee of a department of psychology with a doctoral program, would you:

- Admit this applicant to your program? Yes No
- Award financial aid to this applicant? Yes No

6. In order to help us evaluate the applicant, please describe more fully and explicitly the applicant's strengths and weaknesses. We would be interested in any information you have regarding the applicant's aptitude as a researcher or as a teacher. In addition, feel free to provide any other information that may be useful in evaluating the applicant's qualifications for graduate school. You may use the space provided below or attach a separate letter.

Print Name _____ Position _____

Signature _____ Date _____

Institution / Address _____

City/State/Zip/Country _____

Phone _____ Email _____