

# Applicant Referral Form

School Psychology Psy.D. Program  
Minnesota State University, Mankato

**Applicant's Name:** \_\_\_\_\_

**Name of Referee:** \_\_\_\_\_

This form should be given to individuals who are able to comment on your qualifications for graduate study in psychology. Applicants should select university professors for at least two of their three references.

This form should be sent to:

School Psychology Psy.D. Admissions Committee  
Psychology Department  
Armstrong Hall 23  
Minnesota State University  
Mankato, MN 56001

*Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation, unless they sign a waiver indicating otherwise.*

I understand that this recommendation will be used only for admission decisions and I hereby waive my right of access to this recommendation.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the recommending faculty:

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_ casually, \_\_\_\_\_ fairly well, \_\_\_\_\_ very well

In what capacity have you known the applicant? \_\_\_\_\_

**Please rate the applicant compared to other graduating seniors that you know.**

	<b>Top 1%</b>	<b>Top 10%</b>	<b>Top 25%</b>	<b>Top 50%</b>	<b>Not top 50%</b>	<b>No basis for rating</b>
Emotional maturity						
Academic skills						
Ability to work with others						
Writing skills						
Oral expression skills						
Initiative						
Cultural sensitivity						
Passion for school psychology						
Responds well to all feedback						

**Please check your overall recommendation**

- |  |   |
|--|---|
| <input type="checkbox"/> Highest recommendation with no reservations | <input type="checkbox"/> Recommend with some reservations |
| <input type="checkbox"/> Recommend with no reservations              | <input type="checkbox"/> Do not recommend                 |

**Please feel free to provide additional information about the applicant in the space below or attach a separate letter.**

- Please check if a separate letter is attached

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ Phone number ( ) - \_\_\_\_\_.