

GRADUATE PROGRAMS PSYCHOLOGY RECOMMENDATION FORM



Graduate Admissions Office
5600 City Avenue
Philadelphia, PA 19131-1395
610/660-1101
graduate@sju.edu
www.sju.edu

Application deadline is March 1st

PLEASE TYPE OR PRINT ALL INFORMATION

TO BE COMPLETED BY THE APPLICANT

Name of Applicant:
Last First Middle
 Social Security Number: - -

..... I waive I do not waive my personal right-to-access to this evaluation according to the University's policy on the Family Rights and Privacy Act of 1974

Date: Signature of Applicant:

TO BE COMPLETED BY THE RECOMMENDER

The above named person is applying for admission to the M.S program in experimental psychology at Saint Joseph's University.

- Please provide a written statement including how long you have known the applicant, his/her strengths and weaknesses, and how well you believe this candidate will perform in graduate school (Need not be completed if recommender is a faculty member at Saint Joseph's University).
- Please provide your judgment on the following characteristics as they pertain to the applicant.

	Unable To Judge	Below Average	Average	Good	Very Good	Excellent
Oral Expression						
Written Expression						
Breadth of General Knowledge						
Laboratory Skills and Experience						
Research Skills						
Intellectual Ability						

	Unable To Judge	Below Average	Average	Good	Very Good	Excellent
Scholarship						
Motivation						
Emotional Maturity						
Leadership Potential						
Professional Potential						
Initiative						
Ability to work with others						
Reliability						
Overall Potential for Graduate studies						

3. Summary Evaluation

- I strongly recommend that this applicant be admitted to Saint Joseph’s graduate program in psychology
- I recommend that this applicant be admitted to Saint Joseph’s graduate program in psychology
- I recommend with some reservations that this applicant be admitted to Saint Joseph’s graduate program in psychology
- I do not recommend that this applicant be admitted to Saint Joseph’s graduate program in psychology

Name of recommender:

Title:

Institution:

Address:

Phone:

Email:

Signature:

Date: