

DEPARTMENT OF APPLIED PSYCHOLOGY

Applicant Recommendation Form

Part A (to be completed by the applicant)

Last Name: _____

First Name: _____

Middle Name: _____

I agree the recommendation I am requesting shall be held in confidence by officials of the Department of Applied Psychology, New York University, and hereby waive any rights I may have to examine it.

Yes No

Applicant's Signature and Date

Part B (to be completed by the recommender)

1. Please write a statement which assesses the applicant's strengths and weaknesses in completing their prospective program. Please indicate how long and in what capacity you have known the applicant. Feel free to use your own stationery and attach the statement to this Recommendation Form.
2. Please complete and sign the back of this Recommendation Form.
3. Please insert this completed form and your written statement about the applicant in a white legal envelope. Please seal the envelope and **SIGN** across the back flap of the envelope. Please return the sealed and signed envelop to the applicant who will forward it to the Department of Applied Psychology.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	NO OPPORTUNITY TO OBSERVE
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Top 10%	Top 5%	
Research potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze a problem and formulate a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the strength of your overall endorsement by placing an 'X' along the following scale:

Not Recommended Recommended with Reservation Recommended Highly Recommended

Please indicate your degree in your overall endorsement by placing an 'X' along the following scale:

Not confident Somewhat Confident Quite Confident Highly Confident

Signature

Printed Name

Date

Position

Institution

Address / Phone Number / Email