



Clinical Psychology Doctoral Program Letter of Recommendation Form

To the applicant: Please complete the top portion and give to your references. Your references need to complete the bottom portion of the form and submit it directly to Central Michigan University.

Applicant Name: _____

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), admitted students have the right to review their records, including letters of recommendation. Please mark the appropriate box below, sign your name, and date.

- I waive any and all rights to review this letter of recommendation.
- I wish to retain my right of access to the letter of recommendation.

Sign: _____ Date: _____

To the writer of the letter of reference:

Complete the following and attach a letter of recommendation and send to the address at the bottom of this form.

Your Name: _____ Title: _____

Phone Number: _____ Email: _____

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How do you rank the applicant's overall potential for doctoral work, compared to others for whom you have written letters of recommendation to doctoral programs.
 Top 1% Top 10% Top 20% Top half Bottom half
4. If you were a member of the Clinical Program Admissions Committee, would you admit this applicant?
 Unequivocally yes Maybe Unlikely

Sign

Date

Print and send this completed form with a letter of recommendation via email to : psyapps@cmich.edu or mail to: Central Michigan University, Clinical Psychology Program, Sloan 139, Mount Pleasant, MI 48859