



# Doctoral Program in School Psychology 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 graduate work, compared to others for whom you have written letters of recommendation to graduate programs.  

Top 1%	Top 10%	Top 20%	Top half	Bottom half
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4. Compared with other students at the same level, please rate this applicant's writing ability.  

Outstanding	Solid	Adequate	Needs improvement	Poor
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5. If you were a member of the School Program Admissions Committee, would you admit this applicant?  

Unequivocally yes	Maybe	Unlikely
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\_\_\_\_\_  
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, School Psychology Program, Sloan 139, Mount Pleasant, MI 48859**