



INSTITUTE FOR THE PSYCHOLOGICAL SCIENCES

Recommendation Form

For Application for Admission to the PsyD in Clinical Psychology Program

To be completed by the APPLICANT

(Please Print)

Last Name _____ First _____ Middle _____

Permanent Address: _____

City _____ State _____ Zip _____

I willingly waive [] I do not waive [] my right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature _____ Date _____

To the Applicant: Please give this form to the recommender, who will turn it in directly to the Admissions Office. Your Application will not be evaluated until this recommendation is received.

To be completed by the RECOMMENDER

The person who has requested this recommendation from you is applying to Divine Mercy University for graduate studies in Clinical Psychology. This form is a required piece of the application. If you choose to submit a personal letter in addition to this form, you are welcome to do so, but it is not required. Your thoughtful and candid responses will assist us in our admissions evaluations. Instructions on where to send the completed form can be found at the end of the form. Please submit this form no later than two weeks from the date you receive it from the applicant. Thank you for your time.

(Please Print)

Full Legal Name _____

Address: _____

City _____ State _____ Zip _____

Title/Position _____

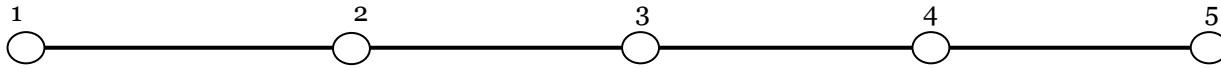
Phone Number _____ Email address _____

Please indicate how long and in what capacity you know the applicant

I have known the applicant for _____ years as (Check all that apply):

- Past/current professor
- Past/current academic advisor
- Past/current professional mentor
- Past/current supervisor
- Spiritual director
- Other _____

How well do you know the applicant? Indicate your relationship with the applicant by checking the appropriate number on the line below:



Not very well

Very Well/Close Relationship

Please indicate your perception of the applicant in the following areas:

In this section, you will be asked to rate the applicant with a numeric value of 1-4 to indicate their performance in the areas below (labeled A-K). Please rate the applicant based on the numeric scale below. Circle or otherwise mark your response.

<u>Rating</u>	<u>Description</u>			
1	Rarely Demonstrates: Applicant rarely demonstrates standard, and at times, manifests inappropriate behaviors instead of standard.			
2	Infrequently Demonstrates: Applicant infrequently demonstrates standard, but is aware of a problem and is making progress in changing, or only demonstrates standard with significant involvement from others.			
3	Frequently Demonstrates: Applicant usually demonstrates standard on own initiative with appropriate support and guidance from others			
4	Consistently Demonstrates: Applicant consistently demonstrates standard on own initiative with appropriate support and guidance from others.			
N/A	Recommender is unable to adequately assess this category			
A. Openness to new ideas, applying new ideas, and demonstrates interest in others' perspectives:				
1	2	3	4	N/A
B. Shows initiative and motivation, meets deadlines, goals, tasks, assignments, and meeting requirements:				
1	2	3	4	N/A
C. Willingness to accept and use feedback, and give feedback as necessary:				
1	2	3	4	N/A
D. Able to consider others' points of view, examine own role in conflicts, and initiate problem solving efforts to deal with conflict:				
1	2	3	4	N/A
E. Attention to ethical and legal considerations, maintains sound judgment to ensure the safety of others and maintain academic, professional, or personal standards, and sensitive to protect the innate dignity of others:				
1	2	3	4	N/A
F. Works actively towards reaching consensus in collaborative activities, willing to initiate compromise in order to reach group consensus, and shows concern for group as well as individual goals in collaborative activities:				
1	2	3	4	N/A
G. Engages in self-exploration and development of personal religious beliefs/practices to promote spiritual growth and to increase sensitivity to others with different beliefs/practices/cultural backgrounds:				
1	2	3	4	N/A

H. Academic aptitude for graduate level work/studies:

1 2 3 4 N/A

I. Potential for scholarly activity/research contributions to the field of psychology:

1 2 3 4 N/A

Please comment on the primary STRENGTHS of the applicant on the above categories (or attach letter).

Please comment on the primary WEAKNESSES, or AREAS OF FURTHER GROWTH, of the applicant on the above categories (or attach letter).

Please mark the term that best describes your expectations for success of this applicant in Divine Mercy University's PsyD in Clinical Psychology program:

I recommend this applicant to graduate studies at Divine Mercy University:

- Enthusiastically
- Strongly
- With average expectations
- With reservation
- Do not recommend
- I prefer to discuss this further. Please call me at this number during the daytime: _____

Signature _____ Date _____



Thank you for taking the time to complete this recommendation form. Please do not return the completed form to the applicant. It can be emailed directly to our Admissions Office at admissions@divinemercury.edu