

Department of Psychology  
DePaul University

RECOMMENDATION FOR GRADUATE STUDY

**Applicant Data** - Please type or print

---

Last Name	First Name	Middle Initial	Former Last Name
-----------	------------	----------------	------------------

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974).

- I waive my right of access to this letter of recommendation
- I do not waive my right of access to this letter of recommendation

---

Applicant's Signature	Social Security Number	Date
-----------------------	------------------------	------

**Recommendation**

1. How well and under what circumstances (classes, assistant, advisee, personal) have you known the applicant?

2. What is your assessment of the applicant's ability to successfully complete a rigorous graduate program?

3. Indicate your ranking of the applicant with respect to other graduate applicants

\_\_\_ Bottom Quarter \_\_\_ Third Quarter \_\_\_ Second Quarter \_\_\_ First Quarter \_\_\_ Top 10% \_\_\_ Top 5%

4. Recommendation for admission

\_\_\_ Strongly \_\_\_ Recommend \_\_\_ With Reservation \_\_\_ DO NOT Recommend

**Referee Information** - Please type or print

---

Name and Title	Department
----------------	------------

---

Name and Address of Institution
---------------------------------

---

Signature	Date
-----------	------

**Return to:**

**Applicant**  
(in sealed envelope with signature across flap)

**Deadlines:**

**Dec. 1 - Clinical**  
**Jan. 5 - Industrial/Organizational**  
**Jan. 10 - Community**  
**Feb. 15 - Experimental**  
**May 1 - General Psychology**