

**AUGUSTA STATE UNIVERSITY
GRADUATE PROGRAM
LETTER OF RECOMMENDATION**

TO BE COMPLETED BY THE APPLICANT:

LAST NAME _____ **FIRST** _____ **MIDDLE** _____ **SOCIAL SECURITY NUMBER** _____

ADDRESS: _____

APPLICANT FOR ADMISSION TO: _____

DEGREE

MAJOR

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are available for your personal inspection. Please indicate your choice.

- Confidential File. I grant permission for this letter of recommendation to be held confidential by Augusta State University.
 Open File. I retain the choice of having letters of recommendation available to me.

Signature of Applicant

TO BE COMPLETED BY REFERENCE: The applicant named above has applied for admission to the Master of Science program with specialization in Psychology. We appreciate your time and effort in completing this form. If you prefer to do so, please feel free to make your recommendation by letter and attach your letter to this form. *Please mail directly to:*

Director of Graduate Studies
Department of Psychology
Augusta State University
Augusta, GA 30904-2200

1. Knowledge of applicant:

- I had this student in my class or classes.
 I was the applicant's major professor, or _ advisor.
 I supervised or directed the work of this applicant for _ years.
 I do not know the applicant well enough to evaluate.
 While I have not taught or advised this applicant, my knowledge of the applicant permits me to respond comfortable.

2. Scholastic Evaluation: In comparison with other students in the same field who had the same amount of experience and training, I rate the applicant:

- Outstanding (Upper 5%) Good (Upper 25%) Below Average
 Very Good (Upper 10%) Average (Upper 50%) Unknown To Me

3. Evaluation of Work Experiences:

- Outstanding (Upper 5%) Good (Upper 25%) Below Average
 Very Good (Upper 10%) Average (Upper 50%) Unknown To Me

4. Considering the student's academic record, special abilities, ambition and determination, please indicate your recommendation to the Admissions Committee.

- I recommend strongly I recommend I recommend with reservation I cannot recommend

5. Please add any comments on a separate sheet or on the back of this form that you feel will assist the reviewers evaluating the applicant's potential to pursue graduate study successfully.

SIGNATURE _____ **DATE** _____

POSITION

INSTITUTION

REFERENCE: **NAME** **ADDRESS** **CITY** **STATE** **ZIP**