

The University of Kansas
Clinical Child Psychology Program
2010 Dole Human Development Center
1000 Sunnyside Ave
Lawrence, Kansas 66045-7555



RECOMMENDATION Form

APPLICANT'S NAME: _____
RECOMMENDER'S NAME: _____
DEGREE AND PROGRAM YOU ARE APPLYING FOR: _____

To the applicant: This form should be given to professors who are able to comment on your qualifications for graduate study in psychology. You should not request a recommendation from a non-academic person unless you have been away from an academic institution for some time or if such a person can comment on special relevant activities, such as clinical experience. For the convenience of the person completing this form, you should include a stamped envelope addressed to the Clinical Child Psychology Program (address below).

Under the Federal Family Educational rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that recommendations will remain confidential. It is your option to waive your rights to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

_____ **I waive my right to review
this recommendation.**

_____ **I do not waive my right to
review this recommendation.**

Signature: _____ Date: _____

TO BE COMPLETED BY THE PERSON PROVIDING THE RECOMMENDATION					
Compared to other students I have known, I would rate this applicant's potential for graduate work as (circle one):					
Below Average	Average	Very Good top 20%	Outstanding top 10%	Excellent top 5%	Superior top 1%
Please indicate the overall strength of your overall endorsement of this applicant (circle one):					
Not Recommended	Recommended with Some Reservations	Recommended	Highly Recommended		
We would appreciate your written evaluation of this applicant's work and potential as a psychologist. Please provide these comments on the back of this form or in a separate letter.					
Signature of person completing this form: _____					
Position: _____					
Institution of Affiliation: _____					
Date: _____					

Clinical Child applications must be postmarked by December 1st.

MAIL TO:
The University of Kansas
Clinical Child Psychology Program
2010 Dole Human Development Center, 1000 Sunnyside Ave
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Attn: Graduate Officer