**Psychological Science MA Program**

**Recommendation Form**

**Submit this form and all other materials by:**

**February 1st** for Fall Admission

**Psychological Science MA Program** • Psychology Department

California State University, Northridge

18111 Nordhoff Street • Northridge, CA 91330-8255

or Email to: psychsciencema@csun.edu

**A. APPLICANT:** Please complete this section before giving the form to a recommender.

 Print legibly or type.

I do [ ]  do not [ ]  waive my right to access to this confidential letter of recommendation and similar evaluative statement received in connection with my application to the M.A. in Psychological Science program at California State University Northridge. I understand that I am not required to waive my rights to access these materials as a condition of receipt of any service or benefit provided by the campus and that this waiver does not preclude my requesting the names of those individuals who provide confidential statements or evaluations. By typing my name below, I acknowledge that typing my name on the line below serves as my legal signature.

Signature:       Date:

**B. RECOMMENDER:** Please compete the following information and return it to the student in a sealed envelope with your signature across the sealed flap. A supplemental narrative letter may be attached to this form. Please note that your recommendation will not be reviewed by the applicant when waived by the above applicant.

How long and in what capacity have you known the applicant?

In comparison to other students whom you have known, how would you rate this applicant in terms of:

Indicate comparison group: undergraduate students [ ]  graduate students [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Superior95-100% | Excellent90-94% | Very Good80-89% | Good70-79% | Fair50-69% | Poor0-49% | Unable to Judge |
| Academic knowledge | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Demonstrated research ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to work with others | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ability to work independently | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Writing skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Speaking skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Conceptual ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Productivity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Receptivity to criticism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Perseverance toward goals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Appreciation of diversity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please comment below or in an accompanying letter on any of these categories or other areas that you think would be helpful in assessing the applicant’s qualifications for the program.

Do you have any information related to the applicant’s personal characteristics that should be considered by the admissions committee in assessing the applicant’s capacity to succeed in graduate study and professional work?

If your university has or did have an MA program in psychology, would you be willing to accept this student into your program: Yes [ ]  No [ ]

If no, please explain.

Overall Recommendation

[ ]  Strongly Recommend [ ]  Recommend [ ]  Recommend with some reservations [ ]  Do not recommend

I acknowledge that typing my name on the line below serves as my legal signature.

Recommender’s Signature       Date

Recommender’s Address       Telephone (       )

Recommender's E-mail

If you would like to include an additional letter please provide in the space below.

For information regarding this form, please contact Sara Berzenski, Ph.D. or Stefanie Drew, Ph.D.,

Directors, P.S. program, Department of Psychology, California State University, Northridge

Email: sara.berzenski@csun.edu or stefanie.drew@csun.edu