



*Letters of recommendation are **required** for all applicants.*

**TO THE APPLICANT**

Please complete all the information on this page only and sign at bottom. Give this form to your evaluator.

**TO THE EVALUATOR**

Please complete reverse side and return this form and letter of recommendation to the applicant **in a sealed envelope**.

**APPLICATION FOR**

- Education       Clinical Psychology       TESOL

**APPLICANT INFORMATION**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

**EVALUATOR INFORMATION**

Name \_\_\_\_\_

Position or Title \_\_\_\_\_

Institution or Organization \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

**TO THE APPLICANT**

This recommendation will become part of your admission file. It will not be disclosed to any unauthorized person without your consent. If you matriculate at Saint Michael's College, you will be accorded access to its contents under the Family Educational Right and Privacy Act of 1974, unless you voluntarily waive your right of access. Please check one of the spaces and sign the statement below. If you do not sign this form, we will take this to mean that you waive your right of access to this document.

I have read the information above and hereby (waive \_\_\_\_\_ do not waive \_\_\_\_\_) my right of access to this document.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TO THE EVALUATOR**

Complete the rating scale below by placing a check mark in the appropriate box to the right of each attribute. (Persons familiar with applicants for graduate study should interpret the rating scale as relating to the total population of such a group.)

Attribute	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top 3 <sup>rd</sup> )	Fair (Mid 10%)	Poor (Bottom 3 <sup>rd</sup> )	Unable to Judge
Academic Ability						
Professional Competence						
Leadership Ability or Potential						
Self-Confidence						
Creativity/Originality						
Judgment/Common Sense						
Social and Interpersonal Competence						
Ability in Written Expression						
Motivation Toward Community Service						

**For Education Candidates Only:**

Have you observed this applicant's work with children in the past 5 years?  Yes /  No

If yes, what age group? \_\_\_\_\_

**SUMMARY EVALUATION**

\_\_\_\_\_ I **strongly recommend** this applicant for admission and feel that he/she has the capability to perform at a superior level.

\_\_\_\_\_ I recommend this applicant for admission and feel his/her performance should be comparable to that of most graduate students.

\_\_\_\_\_ I feel that the applicant's qualifications are marginal, but if admitted, the applicant would greatly benefit from study in the program.

\_\_\_\_\_ I **do not recommend** this applicant for admission

Evaluator's Name *(please print)* \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date: \_\_\_\_\_

Letter of Recommendation attached *(required for all applicants)*

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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