

DOCTORAL RECOMMENDATION FORM

Doctor of Psychology in Clinical Psychology (Psy.D.)



Please write clearly or type.



THIS SECTION TO BE COMPLETED BY APPLICANT:

Applicant's Name _____
(Last) (First) (Middle)

Applicant's Email _____ Applicant's Phone # _____

____ I do waive OR ____ I do not waive my access to the following recommendation.
 I understand that Chestnut Hill College may contact the recommender for additional information.

Applicant's Signature _____ Date _____

Deadline for Returning Recommendation to the Applicant _____

Recommender's Name, Title/Position, and Organization _____

Recommender's Employment Address/City/State/Zip _____

Recommender's Email _____ Recommender's Phone # _____



THIS SECTION TO BE COMPLETED BY RECOMMENDER:

Please rate the applicant relative to other students you have encountered in the same field in recent years. Please feel free to abstain from rating the applicant on any criterion that reflects an aspect of the applicant with which you are unfamiliar. Thank you.

	OUTSTANDING TOP 5%	EXCELLENT TOP 10%	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Overall academic performance						
Ability to communicate orally						
Ability to communicate in writing						
Insight into others						
Insight into self						
Ability to collaborate with others						
Potential as a therapist						
Potential as a teacher						
Potential as a researcher						
Emotional Maturity						
Facility with abstract ideas						

