



Application for Graduate Admission and Financial Aid

Reference Report on Applicant

Name of Applicant Last (Surname) First Middle

Degree sought Department College

U.S. Social Security Number Date of Birth

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here.

Applicant's signature Date

Please fill out the form below or use a separate sheet for your answers.

1. How long have you known the applicant? In what capacity?

2. The Admissions Committee will be very grateful for your estimate of the applicant's preparation, aptitude, and creativity for independent work at the graduate level. Your comparison of the applicant with other students who have done graduate work at Rochester or your school would be particularly valuable.

3. Please comment on the applicant's motivation, maturity, self-confidence, and strength of commitment as it relates to the chosen field of study.

4. Among the students at a similar level whom you have known in recent years, how would you rate this student?

Among the very best you have taught Top 5% Top 10% Top quarter Average

Signature Date

Name of Recommender (please print)

Position, profession, or occupation

Email address Phone ()

Professional address

For mailing address, see reverse

Department of Clinical & Social Sciences in Psychology
Graduate Admissions
RC Box 270266, Meliora Hall
University of Rochester
Rochester NY 14627-0266