



Miami Campus  
2173 NW 99th Avenue  
Miami, Florida 33172

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**TO BE COMPLETED BY THE APPLICANT**

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**Name of Applicant:** \_\_\_\_\_

**SS#** \_\_\_\_\_

**Program to which you are applying:**

**Bachelor of Science in Criminal Justice**

**Bachelor in Science Psychology**

**Bachelor of Arts in Elementary Education**

**Ph.D in Human Services**

**Ph.D in Clinical Psychology**

**Doctor of Psychology (Psy.D.)**

*Concentration* Clinical Neuropsychology

Forensic Psychology

General Practice

Child Psychology

Health Psychology

**Master of Science (MS) in Psychology**

*Majors selected* MS Psychology Concentrations

Marriage and Family Therapy

Mental Health Counseling

School Counseling

**Master of Science in Industrial / Organizational Psychology (MSI/O)**

**Master of Science in Industrial / Organizational Psychology (Online)**

**Master of Science in Exceptional Student Education (MSESE)**

**Master of Science in (TESOL)Online**

In compliance with Federal and State Florida Statutes, the applicant has the right to examine this letter of recommendation when it forms part of his/her application to this institution. Please indicate below if you wish to exercise this right.

I wish to exercise this right

I do not wish to exercise this right

***Applicant's Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_

**TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION**

The above mentioned applicant has given your name as a reference to the Admissions Committee of Albizu University  
We would appreciate your personal evaluation of the applicant.

1. How long have you known the applicant?

In what capacity? (Check all that applies)

Undergraduate Student \_\_\_\_\_

Graduate Student \_\_\_\_\_

Assistantship \_\_\_\_\_

Employee \_\_\_\_\_

Other (please specify) \_\_\_\_\_

2. Please rate the applicant on the following factors. In no way will the applicant be penalized if you do not have sufficient data to rate him / her.

	Deficient	Acceptable	Average	Good	Superior	Exceptional	Insufficient Data
Ability for oral expression							
Ability for written expression							
Ability to work with others							
Academic Performance							
Capacity for critical analysis							
Clinical performance (if applicable)							
Commitment to professional endeavors							
Originality							
Potential for research work							
Sense of responsibility							

3. What would you consider to be the most significant strength that the applicant will bring to his/her pursuit of graduate studies?

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4. Using the other graduate students you have personally known as criteria, in what range or level would you place the applicant?

UPPER 2% \_\_\_\_\_ 5% \_\_\_\_\_ 10% \_\_\_\_\_ 25% \_\_\_\_\_

I RECOMMEND THE APPLICANT

Without reservations \_\_\_\_\_

With reservations \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This communication is strictly confidential and will not be available to the applicant. However, should the applicant request his/her right to see the document, he/she will be allowed to do so after it forms part of his/her personal file.

**Please forward to the following address:**

Albizu University  
Department of Admissions, Recruitment and Outreach  
2173 NW 99 Avenue  
Miami, Florida 33172-2209