



LETTER OF RECOMMENDATION

PLEASE READ BEFORE FILLING OUT THIS FORM

This recommendation should be completed, in the first place, by a previous or current professor. If this is not possible, you may consider job or practicum supervisors. No recommendations from relatives, friends or from the Academic Director of the Program you are applying to will be accepted. Should the applicant request to exercise his/her right to see the document, he/she will be allowed to do so once it becomes part of his/her admission file.

TO BE COMPLETED BY THE APPLICANT:

NAME OF APPLICANT _____

PROGRAM YOU ARE APPLYING TO

Bachelor Programs: Psychology Speech and Language Therapy

Masters Programs: Ind./Org. Psych. Speech/Lang. Pathology Counseling Psychology
 School Psychology Autism and other Neurodevelopmental Disorders

Ph.D. Programs: Clinical Psych. Psych.- Consultation/Research/Teaching
 Industrial/Org. Psych.

Psy.D. Programs: Clinical Psychology Counseling Psychology

Preparatory Courses: Psychology Speech and Language Pathology

Certifications: Graduate Certification in Autism Graduate Certification in Forensic Psych.

Other (please specify): _____

(In compliance with Federal and State Statutes, the student has the right to examine this letter of recommendation when it becomes part of his application to the 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

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 the Carlos Albizu University, San Juan Campus, San Juan, Puerto Rico.

We will appreciate your personal evaluation of the candidate.

1. How long have you known the candidate? _____
In what capacity? (Check as many as necessary)

- Undergraduate student As an employee
 Graduate student Other (please specify) : _____
 Assistantship (academic or laboratory) _____

2. Please judge the candidate on the following factors. Afterwards, utilizing a scale from one (1) to seven (7) indicate, on the last column, the number that best represents the degree of confidence you ascribe to your judgment in each of those aspects. Number one (1) represents

“very unsure” and number seven (7) “totally sure”. In no way will the applicant be penalized if you express that you do not have sufficient data to adequately judge him or her.

Dimensions	Def.	Ac.	Av.	G.	Sup.	Excep.	Insufficient data on which to judge the applicant	Degree of confidence
1. Academic excellence								
2. Capacity for critical analysis								
3. Potential for research and work								
4. Originality								
5. Sense of responsibility								
6. Ability for written expression								
7. Ability for oral expression								
8. Commitment to the development of the discipline								
9. Ability to work with others								
10. Clinical performance (if applicable)								

Def. = Deficient G. = Good Ac. = Acceptable Sup. = Superior Av. = Average Excep. = Exceptional

3. What limitations do you consider to be the most significant the candidate may face in pursuing graduate studies?

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

Upper: 2% 5% 10% 25%

I recommend the applicant: Without reservations With reservations

Name _____
 Signature _____
 Position _____
 Institution _____
 Address _____

 Date _____

PLEASE FORWARD TO THE FOLLOWING ADDRESS:

Carlos Albizu University
 Office of Admissions
 P.O. Box 9023711
 San Juan, Puerto Rico 00902-3711

Tel. (787) 725-6500 exts. 1514, 1521 and 1523