

Department of Psychology
Recommendation for Graduate Study

This form must be accompanied by a letter of recommendation. Recommendations should be sent to the graduate admission office in a sealed envelope with the author's signature across the flap. We will also accept recommendations sent to graddepaul@depaul.edu **only** if sent directly from the author as a PDF attachment with the author's signature and official letterhead. Recommendations and other application materials must be received by the program deadline in order to be reviewed for admission.

Deadlines

Clinical - December 1; Community - December 5; Experimental - February 1; General (M.S.) - May 1; Industrial/Organizational - January 5

Applicant Information

Last Name First Name Initial

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974).

- ☐ I waive my right of access to this letter of recommendation.
- ☐ I do not waive my right of access to this letter of recommendation.

Applicant's Signature

Date

Recommender - Please type or print.

In your letter please include your answers to the following:

1. How well and under what circumstances (classes, assistant, advisee, personal) have you known the applicant?
2. What is your assessment of the applicant's ability to successfully complete a rigorous graduate program?

Indicate your ranking of the applicant with respect to other graduate applicants.

☐ Bottom Quarter ☐ Third Quarter ☐ Second Quarter ☐ First Quarter ☐ Top 10% ☐ Top 5% ☐ Top 1%

Recommender Information

Name and Title Department

Institution City

Address Zip Code State

Recommender's Signature

Date