**Recommendation form for applicants to graduate programs in psychology**

for the following universities:

Hebrew U. of Jerusalem, Bar-Ilan U., Haifa U., Ben-Gurion U., Tel Aviv U. and ACADEMIC COLLEGE OF TEL-AVIV-YAFFO

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms./ Mr \_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for admission to the graduate program in psychology at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University and has furnished your name as a reference. We would appreciate your evaluation of the applicant on this form, which will aid us in our decision regarding this applicant’s admission.

Your evaluation will be held in strict confidence.

**Do not give this form to the applicant**. The form should be sent directly to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

....................................................................................................................

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_

In what capacity have you known the applicant (seminar / lecture, research assistant, teaching assistant, therapy, other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In relation to the students you have taught over the past three years, would you rate the applicant:

\_\_\_\_ Above 90% of the students

\_\_\_\_ Above 80% of the students but not among the top 10%

\_\_\_\_ Above 70% of the students but not among the top 20%

\_\_\_\_ Not above 70% of the students

Do you believe that the applicant will complete the Master’s degree with distinction?

Definitely yes \_\_\_ Very possibly \_\_\_ Possibly \_\_\_ No \_\_\_

Below are a number of scales for evaluating the applicant’s specific qualities and aptitudes. Each quality may be rated using one of five categories. Please circle one of the two numbers in the chosen category, rating the applicant high or low in that category. In addition, please state your level of confidence in your rating of each quality.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | |  | | |  | | |  | | | Level of Confidence | | | | | | | |
|  | Excellent | | | Very Good | | | Good | | | Mediocre | | | Below Mediocre | | | High | | Moderate | | Low | | Unable to Judge | |
| Analytic and integrative ability | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Systematic scientific thinking | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Ability to design and implement a research project | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Originality | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Verbal self – expression | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Motivation | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Emotional maturity and stability | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Empathy and sensitivity to others | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Openness to Criticism and to other points of view | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |
| Responsibility and ethical behavior | | 10 | 9 | | 8 | 7 | | 6 | 5 | | 4 | 3 | | 2 | 1 | | 1 | | 2 | | 3 | | 4 | |

What is your evaluation of whether the applicant should be admitted into a research program and a clinical / treatment / applied program?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | |  | |  | |  | | Level of Confidence | | | |
|  | Worth admitting under all conditions | | Strongly recommend admitting | | Recommend admitting | | Admit if space permits | | Do not admit | | High | Moderate | Low | Unable to judge |
| Research program | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 |
| Clinical program | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 |

Please provide your evaluation of the applicant, giving particular attention to his/her unique qualifications. We would appreciate your comments on his/her strengths or weaknesses that are relevant to graduate study in general or to the programs chosen by the applicant.

**(See Attached Letter**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_