



Recommendation Form for Applicants to Graduate Programs in Psychology

for the following universities:

Ariel University

Name of Applicant _____ Program: 1. _____

Identification No. 2. _____

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:

Department of psychology

Ariel University

Psychology.M.A@ariel.ac.il

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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% but not among the top 10%

_____ Above 70% 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.

											<u>Level of Confidence</u>			
	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?

	Worth admitting under all conditions	Strongly recommend admitting	Recommend admitting	Admit if space permits	Do not admit	<u>Level of Confidence</u>			
						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.

Date _____

Full Name _____

Institution _____

Position _____

Signature _____