



Miami Campus
2173 NW 99th Avenue
Miami, Florida 33172

TO BE COMPLETED BY THE APPLICANT

Name of Applicant: _____ **SS#** _____

Program to which you are applying:

Doctor of Psychology (Psy.D.)

Concentration Clinical Neuropsychology _____
Forensic Psychology _____
General Practice _____
Child 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 Exceptional Student Education (MSESE) _____

Master of Science in TESOL _____

Master of Business Administration (MBA)

Concentrations Entrepreneurship _____
Non-Profit Management _____
Organizational Management _____

In compliance with Federal and State 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 Carlos 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?

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:

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