College of Applied Professional Studies
Graduate Programs in Professional Psychology

Recommendation for Admission

Applicant Name: __________________________ Concentration Area: ________________

Part I: To be completed by the applicant. Furnish the information requested and ask the recommender to submit the form promptly. The recommender should mail this form and a hand-signed recommendation letter to: University of St. Thomas, College of Applied Professional Studies, Graduate School of Professional Psychology, Attn: Admission Coordinator, 1000 LaSalle Ave., MOH 217, Minneapolis, MN 55403.

Part II: To be completed by the recommender.

1. Assess the candidate’s ability to (indicate all that apply):

- Succeed in graduate school
- Exhibit appreciation and consideration for individual and cultural diversity; sensitivity to others
- Demonstrate intellectual and creative aptitude
- Provide ethical psychological services
- Ability to express self orally
- Ability to express self in writing

2. Indicate the strength of your overall recommendation by placing an “X” along the scale.

<table>
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<tr>
<th>Not Recommended</th>
<th>Recommend with Reservations</th>
<th>Recommend</th>
<th>Highly Recommend</th>
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3. The person whose name appears above is applying for admission to the Graduate School of Professional Psychology at the University of St. Thomas and has requested your recommendation be included as part of the information on which our admissions decision will be made.

__________________________
Signature

__________________________
Name (Print)

__________________________
Institution

__________________________
Position Title

__________________________
City and State

University of St. Thomas, Graduate School of Professional Psychology
Phone: (651)-962-4430; (800) 328-6819, ext. 2-4430; Fax: (651) 962-4169
capsadmit@stthomas.edu; www.stthomas.edu/gradpsych