

# Recommendation for Admission

UNIVERSITY *of*  
**INDIANAPOLIS**®

School of Psychological Sciences

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Master's Program, MA       Doctoral Program, PsyD

**Instructions for Professional Applicant:** Please complete the identifying information before delivering this form to the individual you have selected as a recommender. Recommendations from faculty members familiar with your work are preferred. Please carefully read the Waiver Statement below. Signing the Waiver Statement is optional. The recommender is to complete the form, place it in a sealed envelope, sign the envelope on the outside over the seal, and return the sealed recommendation to you. You should then submit the sealed recommendations with your admissions packet. It is the responsibility of the applicant to verify receipt of references sent under separate cover.

Name of Applicant (please print) \_\_\_\_\_ Social Security # \_\_\_\_\_

## Waiver Statement

The waiver statement should be signed only if you waive the right, granted you by the Family Educational Rights and Privacy Act of 1974, to read this reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for Recommender:** This form is essential to the evaluation of a candidate's application. Please complete this form and return it to the candidate in a sealed envelope with your signature across the seal, and indicate your recommendation by checking below.

### Recommendation Status:

Recommend With Confidence

Recommend

Recommend With Reservation

Do Not Recommend

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please explain if you do not recommend:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a detailed letter supporting your recommendation.**