**Recommendation Form**

**for Combined B.A./M.S. or B.S./M.S. Program in Psychology  
Department of Psychological & Brain Sciences**

**Villanova University**

**Instructions:**

1. **Applicant:**
   * Complete the top portion of the attached recommendation form (be sure to sign the form)
   * Provide the attached form to your recommender and ask him/her to return the form and letter directly to the department office via email, postal mail, or fax.
   * Remind your recommender that the deadline is March 15.
2. **Recommender:**
   * In addition to completing the attached evaluation form, we would also appreciate a letter of recommendation where you comment on the applicant’s academic strengths and weaknesses, emotional maturity, teaching and research potential, ability to work independently, creativity and aptitude for advanced study.
   * Please submit the recommendation form and letter directly to Mrs. Louise Carbone
     + Email (preferred): [louise.carbone@villanova.edu](mailto:louise.carbone@villanova.edu)
     + Fax: 610-519-4269
     + Postal Mail:

Department of Psychological & Brain Sciences  
Villanova University

800 E. Lancaster Avenue

Villanova, PA 19085

* Please do your best to submit your recommendation by the March 15 deadline.

**Questions?**

* Please contact Mrs. Louise Carbone, administrative assistant, at [louise.carbone@villanova.edu](mailto:louise.carbone@villanova.edu)

*Department of Psychological & Brain Sciences  
Villanova University*

*Tolentine Hall, Room 334*

*800 E. Lancaster Avenue*

*Villanova, PA 19085  
Phone: 610-519-4720; Fax: 610-519-4269*



**GRADUATE STUDIES, LIBERAL ARTS AND SCIENCES**

**LETTER OF RECOMMENDATION**

**PLEASE RETURN THIS EVALUATION FORM AND LETTER TO:**

Department of Psychological & Brain Sciences

Villanova University

800 E Lancaster Avenue

Villanova, PA 19085

Email: [louise.carbone@villanova.edu](mailto:louise.carbone@villanova.edu); Fax: 610-519-4269

**TO BE COMPLETED BY APPLICANT**

Applicant name:       Applicant email address:

Recommender name and title:

I do  (or do not ) wish to waive my right of access to this letter of recommendation as conferred by the Family Education Rights and Privacy Act of 1974.

Applicant signature:       Applicant VU ID:

*(If you wish, you may paste your signature as an image file)*

**TO THE RECOMMENDER:** In addition to providing the ratings below, we would also appreciate a letter of recommendation where you comment on the applicant’s academic strengths and weaknesses, emotional maturity, teaching and research potential, ability to work independently, creativity and aptitude for advanced study. Information regarding how long and the capacity in which you have known the applicant will provide useful context. Please do not hesitate to supply us with any other information that you think is pertinent to this application.

***Rate the applicant in comparison with other students whom you have known in recent years:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Unable to judge | Lowest 50% | Top 50% | Top 25% | Top 10% | Top 5% |
| Academic Performance |  |  |  |  |  |  |
| Intellectual Potential |  |  |  |  |  |  |
| Motivation |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |
| Written Expression |  |  |  |  |  |  |
| Oral Expression |  |  |  |  |  |  |
| Overall Evaluation |  |  |  |  |  |  |

Recommender’s Signature:       Date:

*(If you wish, you may paste your signature as an image file)*

Position/Title:       Affiliation:

Email address: