A letter may be submitted in place of this form if desired. Please staple to this form.

(APPLICANT COMPLETE TOP BOXED SECTION)

Circle program applying to:

MAPR          MSHF

Name of Applicant: _______________________________________

Name of Person Writing Recommendation: _______________________ ________________________

(Optional) I hereby waive my right to access to the material recorded below:

Signature of applicant _______________________________________ ______   Date _____________

How well do you know the applicant:    Very Well ☐   Fairly Well ☐   Not Very Well ☐

How long and in what capacity have you known the applicant?

Please rate the applicant on the dimensions listed below in comparison with other graduating seniors:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Exceptional</th>
<th>Upper 5%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>No Basis for judgement</th>
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</thead>
<tbody>
<tr>
<td>Academic knowledge of major field</td>
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<tr>
<td>Demonstrated research ability</td>
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<tr>
<td>Ability to work independently</td>
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<tr>
<td>Ability to exchange and share ideas</td>
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<tr>
<td>Perseverance toward goals</td>
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<tr>
<td>Ability to express self orally</td>
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<td>Ability to express self in writing</td>
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<td>Quantitative and Computer skills</td>
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</tbody>
</table>

Please indicate the strength of your overall endorsement by placing an “X” along the scale:

Not recommended ☐   Recommended with some reservation ☐   Recommended ☐   Highly recommended ☐

Among approximately _______ graduating seniors I have known in recent years in his/her field and at a comparable level of study, I would rank this applicant in the upper _______ %.

If this student were accepted into your own graduate program would you be willing to be thesis supervisor? Yes ☐ No ☐

If no, please indicate why ____________________________________________

(Please continue on page 2)
Additional comments that describe and evaluate the applicant in terms of intellectual ability, work habits and skills, and ability to communicate:

Please provide additional comments that evaluate research or other relevant skills for an MA-Psychological Research or MS-Human Factors Program applicant.

Name _____________________________________________________________________________________

Signature __________________________________________________________ Date _______________

Position ___________________________________________________________________________________

Address ___________________________________________________________________________________

Return to: Graduate Advisor, Psychology Department, California State University, Long Beach
1250 Bellflower Blvd, Long Beach, CA 90840-0901 Thank you.

Due Date: January 15th for following fall (MAPR and MSHF)