



College of Graduate Studies

Master of Science in Experimental Psychology: Emphasis in Behavioral Neuroscience Program
ASU Station #10967 • San Angelo, TX 76909-10907

Phone: 325-486-6122 • Fax: 325-942-2419 • Email crystal.kreitler@angelo.edu • www.angelo.edu/psychology_sociology

Master of Science in Experimental Psychology Recommendation Form

Full Name of Applicant:

CID# or SS#

Address:

Applicant's Undergraduate School:

I have requested that this report be filed by school officials for use in the admissions process by officials of Angelo State University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

I waive access to this report which shall therefore be considered confidential.

I do not waive access to this report.

Signature: _____ Date:

Note to Person Providing Reference: If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University Officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Angelo State University.

To the Applicant

We ask that you provide at least three references according to the following guidelines:

1. Two of the three references must be from academic sources, preferably faculty with whom you have worked closely.
2. The third reference may be non-academic, but should be someone that can comment on the skills and abilities relevant to graduate school. Examples of unacceptable references would be: parents, pastors, friends or peers, relatives, etc.

To the Person Providing the Reference

Please complete and return this form to: College of Graduate Studies
Angelo State University
ASU Station #11025
San Angelo, TX 76909-1025
graduate.studies@angelo.edu

The information that you supply concerning this applicant will be used in the screening and final ranking of applicants. No application will be considered without this information. Your cooperation is appreciated.

Your name:

Address:

In what capacity do you know the applicant?

How long have you known the applicant?

Title:

Email address:

Telephone number:

May we contact you for additional information, if needed?

Yes

No

Please attach a recommendation letter explaining why you believe this candidate would be successful in the program. Please focus on the student's ability to think critically and write effectively, their experiences that will prepare them for the curriculum, their ability to work personally and professionally as a counselor, and other issues that would be helpful in making our admissions decision.

Signature: _____ Date: