

**SECTION I: Confidentiality Waiver for Letter of Recommendation**  
**Department of Psychology**  
**Morehead State University**

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant:** You must sign and date **ONE** of the following statements before giving this form to the referent.

1) I wish to have access to this letter of recommendation and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) I wish this letter of recommendation to be confidential and I hereby waive any and all access rights to this recommendation granted me by the above laws.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referent:** Please complete sections II and III below and forward to the address at the end of the form.

**SECTION II: Rating Scale – M.S. Psychology**

***Be sure the Confidentiality Waiver Section is filled out and signed before completing this section.***

The person whose name appears above has applied for admission to the Graduate Program at Morehead State University. Your evaluation of the applicant will assist the faculty in the selection process.

*How long have you known the applicant?* \_\_\_\_\_ *In what capacity?* \_\_\_\_\_

*Compared with others you have known in this capacity, how would you rank the applicant's performance?*

*Top 5%      Top 10%      Top 25%      Top 50%      Bottom 50%*

**Please CHECK the appropriate evaluation:**

	Outstanding	Above Average	Average	Below Average	Insufficient Information
<b>Oral Communication</b>					
<b>Written Communication</b>					
<b>Creativity</b>					
<b>Motivation</b>					
<b>Perseverance</b>					
<b>Organization</b>					
<b>Problem solving</b>					
<b>Initiative and responsibility</b>					
<b>Integrity and professional ethics</b>					

**Continue on the next page...**

**SECTION III: Letter of Reference**

**On this page or in a separate letter, please give your assessment of the applicant's overall academic ability in the field of psychology. Please cite specific examples.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Institution or Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Telephone/E-mail

**Please mail to:** Michelle Emrick, Graduate  
Admissions Specialist  
The Graduate School  
Morehead State University  
701 Ginger Hall  
Morehead, KY 40351  
m.emrick@moreheadstate.edu  
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