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:

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<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Insufficient Information</th>
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<tbody>
<tr>
<td>Oral Communication</td>
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<td>Written Communication</td>
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<td>Creativity</td>
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<td>Motivation</td>
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<td>Perseverance</td>
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<td>Organization</td>
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<td>Problem solving</td>
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<td>Initiative and responsibility</td>
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<td>Integrity and professional ethics</td>
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Continue on the next page…

MSU Dept. of Psychology – LOR Form
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
graduate@moreheadstate.edu