

SUPPLEMENTARY CLINICAL REFERENCE

College of Graduate Studies
Middle Tennessee State University
MTSU Box 42
Murfreesboro, TN 37132

_____ has applied for admission to the Master’s program in psychology with a clinical emphasis at MTSU. Your name was given as a reference. The applicant agrees that this reference is:

- Confidential and waives all rights to access it
- Open to inspection by the applicant

(Applicant Signature) (Date)



Please provide the following information.

1. **How long and in what capacities have you known the applicant?**

2. **How familiar are you with the applicant’s academic potential for graduate study in psychology?**
 Not familiar Slightly familiar Fairly familiar Very familiar

3. **How familiar are you with the applicant’s maturity and emotional stability?**
 Not familiar Slightly familiar Fairly familiar Very familiar

4. **How much knowledge of the applicant’s behavior in applied clinical settings do you have?**
 No knowledge Limited knowledge Some knowledge Extensive knowledge

On the following page, please rate the applicant on the specific characteristics.

With which group are you comparing the applicant?

- a. Undergraduate psychology majors
- b. College seniors
- c. Other (specify)_____

Don't Know	Below Average	Average	Above Average	Superior (Top 10%)
DK	1	2	3	4

Knowledge of psychology _____	DK	1	2	3	4
Motivation and Initiative _____	DK	1	2	3	4
Ability to Work with Others _____	DK	1	2	3	4
Ability to Work Independently _____	DK	1	2	3	4
Dependability _____	DK	1	2	3	4
Oral Expression Skills _____	DK	1	2	3	4
Written Expression Skills _____	DK	1	2	3	4
Research Potential _____	DK	1	2	3	4
Maturity and Emotional Stability _____	DK	1	2	3	4
Abstract Thinking _____	DK	1	2	3	4

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Not introverted or shy _____	DK	1	2	3	4
Not dependent or approval seeking _____	DK	1	2	3	4

Please write additional comments below or attach them in a letter and include it with this form.

Definitely Recommend _____

Recommend _____

Reluctantly _____

Do Not Recommend _____

(Signature)

(Name)

(Position)

(Institution)

(Address)

(City) _____ *(State)* _____ *(Zip)*

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