

ACADIA UNIVERSITY DEPARTMENT OF PSYCHOLOGY RECOMMENDATION FORM FOR THE MASTER OF SCIENCE PROGRAM IN CLINICAL PSYCHOLOGY

TO THE APPLICANT: Please complete this section before sending the form to the referee.

NAME OF APPLICANT: _____ (Be sure that your name appears here exactly as it appears on your application form)

THE REFEREE: Your report will not be released to anyone outside of Acadia University. However, you should be aware that your assessment is not confidential and is subject to the Nova Scotia *Freedom of information and Protection of Privacy Act*. We are particularly interested in the applicant's academic aptitude, research experience and skills, professional competence and suitability for clinical work, personal characteristics, ability to work independently and meet challenges, strengths and weaknesses, and potential to benefit from graduate study.

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

2. Would you accept this applicant for supervision if there were a comparable program at your university?

(Please circle one): YES NO

If no, please tell us why.

3. General Appraisal (Please use reverse side if necessary or a separate letter with your departmental letter head and address the applicant's areas of competency as described above)

3. NAME OF REFEREE (Please type or print) _____

POSITION: _____

INSTITUTION: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

PLEASE PLACE THIS FORM IN AN ENVELOPE, SEAL IT, SIGN ON THE BACK OF THE ENVELOPE, AND RETURN IT TO THE APPLICANT. IF PREFERRED, THE FORM CAN BE MAILED DIRECTLY TO ACADIA UNIVERSITY'S DIVISION OF RESEARCH AND GRADUATE STUDIES AT: BOX 70, 18 UNIVERSITY AVE, 214 HORTON HALL, WOLFVILLE, NS, B4P 2R6

PLEASE NOTE THAT ALL DOCUMENTATION FROM THE APPLICANT MUST REACH ACADIA UNIVERSITY BY THE JANUARY 15TH DEADLINE.