

**Letter of Reference Request**  
**Humboldt State University Psychology Department**  
**Academic Research Master's Degree Program**

**Applicant Section**

Please complete this section, then deliver or mail this form to your reference. Ask your reference to return this directly to the Graduate Secretary, Department of Psychology, Humboldt State University, Arcata, CA 95521.

**Applicant Name** \_\_\_\_\_ **Program/Emphasis** \_\_\_\_\_

- I hereby waive my right to access this letter of reference  
 I do not waive my right to access this letter of reference

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Reference Section**

The admission committee would appreciate your honest evaluation of the applicant. Please rate the applicant on the items below *and* submit a letter (on letterhead) evaluating the applicant's strengths, weakness, and potential as a graduate student.

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

\_\_\_\_\_

2. Please rate the applicant on the qualities below using the following scale:

**TE** = Truly Exceptional (Top 5%), **O** = Outstanding (Top 15%), **AA** = Above Average (Top 25%), **AVE** = Average (Middle 50%), **BA** = Below Average (Lowest 25%), **N/A** = Inadequate Opportunity to Judge.

|                               | <b>TE</b> | <b>O</b> | <b>AA</b> | <b>AVE</b> | <b>BA</b> | <b>N/A</b> |
|-------------------------------|-----------|----------|-----------|------------|-----------|------------|
| Motivation                    |           |          |           |            |           |            |
| Intellectual ability          |           |          |           |            |           |            |
| Ability to work independently |           |          |           |            |           |            |
| Writing                       |           |          |           |            |           |            |
| Effort                        |           |          |           |            |           |            |

3. May we contact you to discuss the applicant's qualifications?

Yes       No

Name \_\_\_\_\_

Email \_\_\_\_\_

Professional Affiliation \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_