Applicant's name:	

Letter of Recommendation Form M.S. Program in I/O Psychology San Jose State University

NOTE TO THE APPLICANT: After signing this form, please give it to the letter writer.

To the Applicant:									
NOTE: You may, but are not required to, waive below indicates you are aware of your right of a waived such that the contents of the letter will n of the Psychology Department to not disclose co	ccess to ot be dis	the letter closed to	and wheth you. If ac	ner or not	this access t waived,	s has been it is the p	n olicy		
☐ I hereby permanently waive my right	t of acces	ss to this	letter of re	commend	ation, or				
☐ I do not waive my right of access to	this lette	r of recon	nmendatio	n					
Applicant's signature:					Date:				
To the Letter Writer:									
Please rate the applicant in relation to his or her J	peers on	the follow	ving dime	nsions:					
Dimension	Top 2%	Top 5%	Top 10%	Top 25%	Top 40%	Below top 40%	Unable to judge		
Written communication skills									
Oral communication skills									
Critical thinking skills									
Extraversion (outgoing, talkative, assertive)									
Interpersonal skills (sensitivity to others)									
Motivation (ambitious, determined, energetic)									
Maturity (accountability, responsibility, reliability)									
Ability to solve problems without assistance									
Rapport with you outside of classroom or work									
If desired, you may also include a letter on a separ maturity, interpersonal skills, and potential to con							ation,		
Letter writer's signature:				Date:					
Name:	_Organiz	zation:							

Your completed form and letter should be emailed as one or two pdf files to <u>i-o-psychology@sjsu.edu</u> – please do NOT upload your letter to the Cal State Apply website.

E-mail address or phone number: