Recommendation Form
Master of Arts in Psychology/Counseling Psychology
University of Saint Mary

To the Applicant

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request. The Act also provides that in the case of recommendations the institution may request, but not require, students to waive the right to read confidential recommendations. Please indicate whether or not you will waive your right to read the confidential recommendation on this form and sign your name.

I **do** **do not** waive my right to read this confidential recommendation.
I **do** **do not** give permission for university officials to contact my reference by phone and/or email.

Applicant's Name _____ Social Security_____

Street Address_____Apt # _____

City _____State _____Zip code _____

Telephone (home)_____(work) _____

Applicant's Signature_____Date_____

In what **professional capacity** do you know the person completing this recommendation? Examples: Instructor, Advisor, Employer, Supervisor, Co-Worker, etc.)_____

Accompany your request for the recommendation with a stamped, pre-addressed envelope. A week or two after you make the request, check with the individual and see if it has been sent.

To the Person Completing this Recommendation

The applicant whose name appears on this form is applying for admission to the Master of Arts in Psychology/Counseling Psychology program at the University of Saint Mary. Please provide the requested information below and complete the attached recommendation form.

Reference Name_____

Position/Occupation_____

Street Address_____Apt # _____

City _____State _____Zip code _____

Phone _____Email _____

Signature_____Date_____

Returning the Recommendation

Thank you for your cooperation. Your prompt reply is appreciated. Please return this form with the completed recommendation form to:
Graduate Admissions
University of Saint Mary
11413 Pflumm Road
Overland Park, KS, 66215