Meridian University

Admissions Recommendation

Please complete Part I of this form and give it to someone familiar with your academic history, vocational experience, and/or personal/professional background.

Part I • Applicant Information

Applicant's Name: _____

Degree Program:
- ◯ M.A. in Psychology
- ◯ M.A. in Counseling Psychology
- ◯ Ph.D. in Psychology
- ◯ Psy.D. in Clinical Psychology
- ◯ Ed.D. in Organizational Leadership
- ◯ M.B.A. in Creative Enterprise
- ◯ M.Ed. in Educational Leadership

Concentration:
- ◯ Somatic
- ◯ Integral
- ◯ Clinical
- ◯ Leadership and Social Transformation
- ◯ Movement/Dance and Expressive Arts

Part II • Recommendation Instructions

Please complete this form and mail it with your Letter of Recommendation directly to Meridian, or return it to the applicant at your earliest convenience.*

1. I have included my Letter of Recommendation with this form. ◯ Yes ◯ No
2. For how long and in what context have you known the applicant? _____
3. Please indicate your assessment of the applicant with a check in the appropriate box.

	Excellent	Good	Fair	Poor	Don't Know
Self awareness	◯	◯	◯	◯	◯
Personal integrity	◯	◯	◯	◯	◯
Personal responsibility	◯	◯	◯	◯	◯
Social awareness and concern	◯	◯	◯	◯	◯
Capacity to collaborate with others	◯	◯	◯	◯	◯
Effectiveness in oral communication	◯	◯	◯	◯	◯
Capacity to finish work in a timely manner	◯	◯	◯	◯	◯
Writing skills	◯	◯	◯	◯	◯
Listening skills	◯	◯	◯	◯	◯
Research skills	◯	◯	◯	◯	◯
Overall readiness for graduate studies	◯	◯	◯	◯	◯

4. Name: _____ Position/Title: _____

   Organization/Institution (if applicable): _____

   Mailing Address: _____ Telephone: _____

   _____ _____

   Signature Date

* The Family Educational Rights and Privacy Act of 1974 grants enrolled students the legal right to view their files.