

**Clinical Psychology Doctoral Program
Sam Houston State University**

Letter of Recommendation of Applicant

INSTRUCTIONS TO APPLICANT: Sign the statement below, checking the box indicating whether you waive your right of access to letters submitted on your behalf. Provide the signed form to persons who will write letters on your behalf.

***One form required per letter.**

INSTRUCTIONS TO REFEREE: Please describe the applicant's strengths and weaknesses relative to research potential, clinical potential, and forensic clinical potential at the Ph.D. level. Include those features you believe will contribute to the applicant's success in the program and those features which might militate against the applicant's success. Feel free to use your own letterhead. Forward your letter and this form to:

Director of Clinical Training
Sam Houston State University
Clinical Psychology Doctoral Program
1020 21st Street
P.O. Box 2210
Huntsville, TX 77341-2210

Deadline for this application is December 15. The application and all required materials must be received by this date or your application will be considered incomplete.

I do ____ (or) do not ____ waive my right of access to letters of recommendation written about me.
(Check one only.)

Signature of Applicant _____ Date _____