
ANTIOCH UNIVERSITY

NEW ENGLAND

40 Avon Street 800.552.8380 • 603.283.2130
Keene, New Hampshire 03431-3516 Fax: 603.357.0718
www.antiochne.edu • admissions.ane@antioch.edu

Recommendation for Doctoral Study DOCTORAL PROGRAM, DEPARTMENT OF CLINICAL PSYCHOLOGY

Applicant's Name _____

Entry Date: Fall 2012

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, registered students are given the right to see all references submitted with an application for admission, unless the right to such access has been waived by the statement below. Recommendation letters received by the Admissions Office without the signature of the applicant will be considered confidential.

I hereby Waive Do not waive my right to see this letter of reference.

If you do not waive your right to see this letter of reference, it will be available in the Office of Admissions for three months after your matriculation.

Signature of Applicant _____

Name of Recommender (please type or print clearly) _____

To the Recommender:

The above named individual is applying for admission to our rigorous practitioner-scholar Doctoral Program in Clinical Psychology, designed to prepare professional psychologists for multiple role functioning, and integrating theory, practice, and research. Our aim is to attract a talented, committed student body, with excellent undergraduate and/or graduate preparation in psychology (or related fields), marked by personal, ethnic, and cultural diversity. Maturity and self-awareness are important.

Attending to ability and potential, we rate each of the following areas equally:

- academic promise
- personal and interpersonal competence
- clinical and professional promise

We appreciate your detailed, thoughtful, and candid assessment. It would be particularly helpful for you to explore that candidate's strengths and weaknesses. Please sign the reverse and attach this form to your recommendation.

Please rate the applicant as compared to other people for whom you would be likely to write a recommendation. Place a check mark (✓) at the appropriate point on the scale below. Thank you.

*Competent but
not outstanding*

Excellent

*One of the
Very Finest*

The Office of Admissions must receive this letter no later than 5 PM January 6, 2012 for Fall 2012 entry.

Office of Doctoral Admissions, Antioch University New England
40 Avon Street, Keene, New Hampshire 03431-3516

Name of Recommender _____

Address _____

Position _____ Organization _____

Relationship to Applicant (e.g., supervisor, teacher, colleague) _____

How many years have you known the applicant? _____

Signature of Recommender _____ Date _____

Please feel free to research Antioch University New England programs at www.antiochne.edu.

Please check appropriate box if you would also like to receive printed information about Antioch University New England.

Master's Programs

Doctoral Program in Clinical Psychology Environmental Studies Marriage and Family Therapy

Certificate Programs

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- Doctoral Program in Clinical Psychology Environmental Studies Marriage and Family Therapy
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