

# The Wright Institute Graduate School of Psychology

2728 Durant Avenue • Berkeley, CA 94704

(510) 841-9230

## Instructions for Letter of Recommendation

Applicant's Full Name - Print or Type

\_\_\_\_\_ has applied for admission to the doctoral program in clinical psychology at The Wright Institute. We would appreciate your candid opinion of the applicant, and would be especially interested to know:

- (a) how well you know the applicant and in what capacity;
- (b) the level of the applicant's interest and ability to participate in a program which emphasizes theory and practice, combining clinical and social concerns;
- (c) what personal qualities the applicant possesses, three strengths and three areas needing improvement, that you think we should know;
- (d) how well the applicant relates to others; effective communication skills.

Please do not feel obligated to limit your comments to these questions alone. We are interested in all information you believe to be relevant.

Please address your reply to: **Office of Admissions**

The Wright Institute  
2728 Durant Avenue  
Berkeley, CA 94704

*The Family Educational and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign this waiver.*

I waive my legal right to inspect the letter of recommendation from:

\_\_\_\_\_  
Type or printed name of recommender

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Date

• Please include this form with your letter and mail directly to the Wright Institute •