DEPARTMENT OF PSYCHOLOGY AND COUNSELING

UNIVERSITY OF TEXAS AT TYLER

**Name of Applicant**: Click here to enter text. Date: Click here to enter text.

Rater’s Name: Click here to enter text. Title/Position: Click here to enter text.

Rater’s Address: Click here to enter text.

Rater’s Email Address: Click here to enter text. Rater’s Phone Number: Click here to enter text.

Length of time you have known the applicant: Less than one year  One to two years  More than two years

What is/was your role in relation to the applicant? (Please check all that apply and define “Other” if chosen)

Teacher  Supervisor  Employer  Advisor  Other Click here to enter text.

How familiar are you with the applicant’s academic potential? Very familiar  Somewhat familiar  Not Familiar

How familiar are you with the character traits of the applicant? Very familiar  Somewhat familiar  Not Familiar

How would you rate the applicant’s potential to be successful in graduate school?

Very Strong  Strong  Acceptable  Questionable  Poor

Please indicate your assessment of the applicant’s aptitudes, abilities, and dispositions: (N/A indicates no judgment)

Ability to tolerate ambiguity: Acceptable  Questionable  Not acceptable  N/A

Ability to accept responsibility: Acceptable  Questionable  Not acceptable  N/A

Ability to get along with others: Acceptable  Questionable  Not acceptable  N/A

Openness to feedback: Acceptable  Questionable  Not acceptable  N/A

Accepting of differences: Acceptable  Questionable  Not acceptable  N/A

Industriousness: Acceptable  Questionable  Not acceptable  N/A

Assertiveness: Acceptable  Questionable  Not acceptable  N/A

Open-mindedness: Acceptable  Questionable  Not acceptable  N/A

Demonstrates Integrity (Ethics): Acceptable  Questionable  Not acceptable  N/A

Demonstrates creativity: Acceptable  Questionable  Not acceptable  N/A

Demonstrates empathy: Acceptable  Questionable  Not acceptable  N/A

Demonstrates maturity: Acceptable  Questionable  Not acceptable  N/A

Demonstrates flexibility: Acceptable  Questionable  Not acceptable  N/A

Handles conflicts well: Acceptable  Questionable  Not acceptable  N/A

Comments:

Click here to enter text.

Rater’s Signature: Click here to enter text. Date: Click here to enter text.

Please attach a letter of recommendation if you believe this form does not adequately cover your assessment of this applicant.

Email to [PSYCCOUNADMISSIONS@uttyler.edu](mailto:PSYCCOUNADMISSIONS@uttyler.edu) or mail to UNIVERSITY OF TEXAS AT TYLER/Psychology & Counseling

GRADUATE ADMISSIONS 3900 UNIVERSITY BLVD/ TYLER, TX 75799

Revised and Approved by the faculty 2/2018