



SAN DIEGO STATE
UNIVERSITY

Confidential Recommendation on Applicant

Department of Child and Family Development
College of Education
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4502

Name of Applicant _____
Last First Middle

TO THE RECOMMENDER: Please give a candid assessment of the applicant's particular attributes and abilities, whether positive or negative, as you have experienced them. Since letters of recommendation are a critical component of the decision making process, being as specific as possible is greatly appreciated by the Admissions Committee. We thank you for your time and effort in providing this information.

Recommender's name _____

Title/Company _____

Phone _____

Email _____

1. My relation to the applicant is:

Academic (e.g., professor, instructor, advisor)

Professional (e.g., supervisor, colleague, subordinate)

2. Please comment on the applicant's strengths and weaknesses.

3. Do you feel that a mental health program is appropriate for the applicant at this time? Why?

