Master of Science Recommendation Form

Please fill in the information below and forward this form to the individuals you have asked to provide your recommendation. Please remember that the Department recommends securing three letters of recommendation from professors or other professionals. The recommendation form should be returned directly to the Department of Behavior Analysis at UNT.

Applicant name

Name: ________________________________

(First) (Middle) (Last)

Email: ________________________________

OPTIONAL WAIVER OF RIGHTS
Under the provision of the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. In order to encourage candor on the part of the individual completing this form, the student may choose to waive the right of access to this recommendation form. If you wish to waive the right to examine this recommendation form, and any attached letter submitted with it, please sign below. If left unsigned, you will have access to the form upon acceptance to the UNT Department of Behavior Analysis.

(Applicant’s signature) (Date)

Instructions for referees / recommenders
Thank you for taking time to assist the Admissions Committee at the Department of Behavior Analysis at the University of North Texas in candidly evaluating the applicant named above. We value your candid and thoughtful assessment of the applicant. We encourage the referees to write a formal letter of recommendation in addition to the information requested on this form. In compliance with Section 504 of the Rehabilitation Act of 1973, those providing recommendations are asked not to refer directly or indirectly to the applicant’s handicap or physical disability.

The application and recommendation letters are due by January 15th. We sincerely appreciate your efforts to submit your recommendations by this deadline. Applications without letters of recommendation cannot be evaluated by the committee. Thank you, in advance, for your attention to this matter.
Please place the completed recommendation form and the letter in an envelope, sign across the sealed flap, and mail the envelope to the address provided at the end of this form.

**Recommender’s Information**

Name: 
Position / Title: 
Organization: 
Contact information:  
Phone:  E-mail:  

May we contact you via e-mail or phone for follow up questions should they arise?  Y N

Applicant’s name:  

1. How long have you known the applicant?  

2. Please describe the capacity in which you known / have known the applicant  

3. Please provide a brief description of the reference group in your evaluation of the applicant (e.g., undergraduate students, prior employees or assistants, BCBA’s or BCABA’s, etc.):  

4. For each of the qualities listed below, please provide an evaluation of the applicant’s standing relative to the reference group described above.

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<thead>
<tr>
<th>Quality</th>
<th>Superior 95-100%</th>
<th>Excellent 90-95%</th>
<th>Good 80-89%</th>
<th>Average 70-79%</th>
<th>Poor &lt; 70%</th>
<th>Unable to Judge</th>
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<tbody>
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<td>Intellectual ability</td>
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<td>Creativity and imagination</td>
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<td>Written communication</td>
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<td>Oral communication</td>
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<td>Professional Commitment</td>
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<td>Ability to work with others</td>
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<td>Maturity level</td>
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5. Please provide a brief narrative discussing the student’s strengths and weaknesses and their likelihood of success in a rigorous program of graduate training. Feel free to address any features of the applicant’s repertoire about which we may not have inquired. Please print the dated letter of recommendation on institutional letterhead and forward a signed copy to the Department at the address provided below. We would like to thank you, in advance, for taking the time to provide a candid and thorough evaluation of the applicant’s skills and capabilities.

Please indicate your overall recommendation for this applicant:

☐ My highest recommendation
☐ Strongly recommend
☐ Recommend
☐ Recommend with reservations
☐ Do not recommend

_________________________________________  _________________________
Signature                                      Date

Please submit this completed form and a letter of recommendation to: behv.unt.edu/recommendation