Undergraduate RECOMMENDATION REQUEST FORM

Professor Gillis: __  Professor Romanczyk: __

Date by which recommendation is needed: ______________________

NOTE** Letters are written only for students who have taken 2 of the ABA track courses (i.e., 355, 493, 494, 476R) (1 of the 2 minimum may be in progress if after 8 weeks into semester).

1) Return this form along with stamped addressed envelopes for each of the schools you are applying to.
2) Fill out the ‘Student Applicant’ portion of any recommender forms supplied by the schools.
3) Separate envelopes (and accompanying forms, if applicable) into the type of program and mark the outside of each envelope accordingly.
4) Submit all of the above to reception office assistant by mid-November.

Other important information:
- Upon completion, letters are mailed from the ICD directly to the school.
- Letters will not be given back to students under any circumstance.
- If a school requires letters to be sent with the application packet, you may mail the packet from the ICD with staff supervision.
- If school requires electronic submission, you may use jmattson@binghamton.edu or rromanc@binghamton.edu.
- Dr. Gillis & Romanczyk do not write letters for the CDC or Interfolio.
- Dr. Gillis & Romanczyk require 3 - 4 weeks to complete and mail letters of recommendation.
- Attach most recent copy of your Vita/Resume.

NAME:________________________________ Email:____________________________ MAJOR:____
GRE’s VERBAL___ QUANT___ ADV___ GPA OVERALL:______ IN MAJOR:____

ACADEMIC HONORS, IF ANY:_______________________________________________________

PURPOSE OF RECOMMENDATION (Be specific i.e., MA, Ph.D.- type of program applying for, Employment in what field, etc.) :______________________________________________________________

________________________________________________________________________________

Psych Courses taken: _____________________________________________________________

Track Courses taken: 355  493  494  476R  390  490

WHAT OTHER EXPERIENCES HAVE YOU HAD THAT YOU FEEL ARE IMPORTANT?

________________________________________________________________________________

________________________________________________________________________________

Under the Family Educational Rights and Privacy Act of 1974, I hereby ____do ____do not waive my right to examine letters of recommendation in connection with my graduate school/work applications. I understand that by waiving my right I do so under the condition that the reference letter is used solely for the purpose for which it is requested. If you choose not to waive this right, the reference will contain only a factual listing of information: course title, semester, location, and grade.

Date: _______________  Signature:___________________________________________

Name (print):______________________________________________________________