

When Requesting Letters of Recommendation from Dr. _____

Follow, print, and place this checklist inside your folder (see below):

___	Provide a list of all Psychology courses you have taken, along with the grades received and the professors' names.
___	A listing of all schools you are applying to, including the deadlines, whether or not there is a form to be completed (yes/no), the type (clinical, counseling, MD, OT, etc.) and nature of the program (doctoral, master's, summer research, etc.).? Important!! The deadlines you list should be the dates when the letters can be placed in regular campus mail for transfer to the US Postal Service.
___	Curriculum vitae
___	GRE scores (if available); if not, please include SAT scores
___	Overall GPA and psychology (or neuroscience) GPA
___	If you've done research, list the faculty member(s) involved, a brief description of the project, whether it has/will be presented somewhere, and your intellectual/physical involvement in the project.
___	When/How you first met Dr. _____. Calculate how many years/months Dr. _____ has known you - it makes for smooth writing to know the years/months.
___	Provide envelopes for ALL non-electronic letters. IF THE LETTER SHOULD BE MAILED DIRECTLY TO THE SCHOOL , provide a stamped, addressed envelope for the letter. IF THE LETTER SHOULD BE RETURNED TO YOU , provide an envelope with your name and/or address AND the name of the school that it's intended for, as envelopes will be sealed upon return.
___	If your school(s) / program(s) require an electronic version of the letter and do not facilitate the process themselves, send Dr. _____ an e-mail with a link to the form that needs to be completed.
___	<p>Due to Dr. _____'s notoriously bad handwriting, please type in ALL demographic information (for both you AND him) except the date, on all of the forms to your schools. When asked for the name and position of professor, type (if it all fits):</p> <p>_____, Ph.D. Assistant/Associate/Professor, Psychology (whichever is correct title)</p> <p>Dr. _____'s address is: Department of Psychology Alumni Memorial Hall University of Scranton Scranton, PA 18510-4596</p> <p>Contact Info: (570)941-_____ _____@scranton.edu</p>
___	Please provide a sheet with your name, email address, and the first date when you want Dr. _____ to get your letters OUT . NOT the date by which they must be received, the date to get them out.
___	Place all materials in a file folder and either hand-deliver to faculty member or put in faculty mailbox.

Sample Letter to Request a Letter of Recommendation

Your Address
City, State Zip Code

Date

Leslie Jones, Ph.D.
Department of Psychology
East Coast University
1200 Faculty Building
Hausman, MD 43707

Dear Dr. Jones:

Thank you for agreeing to write a letter of recommendation on my behalf. I hereby waive (or do not waive) my right to inspect the letter of recommendation written for me and sent to designated schools of my choice. I am applying to (master's, doctoral) programs in clinical (counseling) psychology. My earliest deadline is _____.

Here are the courses I have taken from you.

Fall 2004	Abnormal Psychology	A-
Spring 2005	Clinical Psychology	B+
Fall 2006	Undergraduate Research	

Here are other activities in which I have participated.

September 2005 – January 2006	Research Assistant
2004 – 2006	Vice President of Psi Chi

My latest GRE scores were 600 Verbal, 590 Quantitative, and 4.5 Analytical Writing. My Psychology Subject Test score was 610.

Finally, I attach a copy of my current vitae and a list of psychology courses for any additional information that might prove useful. Please feel free to call me at 570-555-1212 or e-mail me at JohnSmith@phonyemail.com. Thank you again.

Sincerely yours,

John Smith

Enclosures