Letter of reccommendation.
For applicants for a Master program in clinical psychology at Department of Psychology, University of Iceland

Please save this form under the name *Letter of Reccommendations*-*Name of student*-*Psychology* and send it by email to the office of student registration at the University of Iceland, email: umsokn@hi.is. All information is strictly confidential.

University of Iceland, Office of Student Registration, Háskólatorg, Sæmundargötu 4, 102 Reykjavík, Iceland.

*Filled in by the applicant*

Full name (as entered in the national registry) Identification number (ID)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address Postal code City

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**Name of person giving the reference** (printed letters):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position at work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone and/or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with the applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_

The recommendations are based on your role as a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For questions, please contact the office of Department of Psychology, by email: saldeild@hi.is.

*Please give your evaluation of the following skills and abilities of the applicant in the table below:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Very good | Good | Average | Poor | Not able to evaluate |
| Academic ability |  |  |  |  |  |  |
| Writing skills |  |  |  |  |  |  |
| Verbal skills |  |  |  |  |  |  |
| Ability to work independently vinnubrögð |  |  |  |  |  |  |
| Knowledge in the field of psychology |  |  |  |  |  |  |
| Cooperativeness |  |  |  |  |  |  |
| Research skills |  |  |  |  |  |  |
| Reliability and trustworthiness |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Proactivity |  |  |  |  |  |  |

Your written reference of the applicant:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_