

INSTITUTE OF GRADUATE PROGRAMS MASTER'S PROGRAM IN CLINICAL PSYCHOLOGY 2025-2026 REFERENCE FORM

This reference form is designed for the applicants of the MA Program in Clinical Psychology. You may hand in the form to the applicant in a sealed envelope or send it to yasir.nazli@bilgi.edu.tr from your official / institutional e-mail account. Thank you for your support.

Applicant's Name – Surname :

Referee's Name – Surname:

Title – Institution:

Please indicate how long you have known the applicant.

□ Less than a year □ 1-3 years □ 3-5 years □ 5-10 years □ More than 10 years

Please indicate the context in which you are related to the applicant. (you can select more than one option)

□ As instructor/professor □ As supervisor □ As manager/employer

As teammate
Other_____

Please evaluate the applicant's **academic and social skills** on the scale below. If you have no observation or experience about a skill, please mark the No Info box.

	Extra- ordinary (top 5%)	Excellent (top 10%)	, 0	Good (top 30%)	Average (40-60%)	Below average	No Info
Overall academic skills							
Written expression skills							
Oral expression skills							
Analytical / critical thinking							
Effective teamwork							
Offering constructive criticism							
Learning from criticism							
Overall social skills							
Emotional maturity and balance							
Respect for individual/cultural differences							

Please evaluate **the eligibility of the applicant** to the MA Program in Clinical Psychology by marking a number between "0: Not at all eligible" and "10: Completely eligible."

Not at all Eligible									C	ompletely Eligible
0	1	2	3	4	5	6	7	8	9	10

If you have anything else to share about the applicant, please e-mail to <u>yasir.nazli@bilgi.edu.tr</u>.

Signature:

Date:

Information on this form will not be shared with the applicant.