

RECOMMENDATION FOR GRADUATE ADMISSION  
COMMUNICATION DISORDERS  
UNIVERSITY OF NEBRASKA - LINCOLN

To Be Completed By The Applicant

Name of Applicant: _____			
Proposed Area of Specialization: ____ Speech-Lang Path ____ Audiology		Degree Objective: ____ M.S. ____ Au.D. ____ Ph.D.	
Under the Family Educational Rights and Privacy Act, university students have the right to inspect their files upon request. Please sign one of the following statements so that the person writing this letter of recommendation will know whether it will be held in confidence or whether it will be open to your inspection upon request.			
I retain my right of access to this recommendation.		I waive my right of access to this recommendation.	
Signature _____	Date _____	Signature _____	Date _____

To Be Completed By The Person Writing The Recommendation

Please rate the applicant on the qualities listed below by marking the appropriate column. Use other graduate students in your program as your standard of comparison.

	Excellent	Good	Average	Poor	No Basis for Judgement
1. Academic performance					
2. Ability to apply theory to clinical practice					
3. Potential for doing research					
4. Potential for success as a graduate student					
5. Potential for success as a speech-language pathologist or audiologist					
6. Oral communication skills					
7. Writing skills					
8. Ability to cooperate and relate effectively with others					
9. Initiative, self-reliance					
10. Dependability, punctuality, responsibility					
11. Judgement and maturity					
12. Ability to accept and benefit from constructive criticism					
13. Independent thought					
14. Self-evaluation skills					

In what capacity and for how long have you known the applicant? In the space provided, on the back, or on an additional sheet of paper, please provide one or two statements that best describes this applicant.

Would you recommend the applicant for graduate study in your program?

- strongly recommend  
 recommend  
 recommend with reservations  
 do not recommend

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Dept: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Mail to: Graduate Chair, Communication Disorders, University of Nebraska-Lincoln, Lincoln, NE 68583-0738 (fax 402-472-7697)

**Please do not return this form to the Office of Graduate Studies.**

UNL does not discriminate in its academic, admission, or employment programs and abides by all federal regulations pertaining to the same.