

RECOMMENDATION FOR GRADUATE ADMISSION COMMUNICATION DISORDERS

To Be Completed By The Applicant

Name of Applicant: _____			
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 (typed or hand-written) in the appropriate blank below to indicate your wishes regarding future access to this document.			
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

Rate the applicant on the qualities listed below.

	Excellent	Good	Average	Poor	No Basis for Judgment
1. Interpersonal/Interactional skills with peers					
2. Interpersonal/Interactional skills with clients					
3. Interpersonal/Interactional skills with faculty, staff, and professionals					
4. Ability to apply theory to clinical practice					
5. Oral communication skills					
6. Writing skills					
7. Contribute appropriately to teams					
8. Initiative, self-reliance					
9. Dependability, punctuality, responsibility					
10. Judgment and maturity					
11. Ability to accept and benefit from constructive criticism					
12. Independent thought					
13. 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 describe this applicant.

Does this applicant have Ph.D. potential? ___ yes ___ no

Comments:

Do you have any reservations about this student? ___ yes ___ no

Comments:

What is your overall recommendation regarding this applicant's admission to the graduate program?

___ very strong ___ strong ___ average ___ below average ___ do not recommend

Name: _____

Signature: _____

Institution: _____

Position: _____

Email: _____ Phone: _____ Date: _____

Submit completed recommendation form and letter to jengland2@unl.edu, or Fax 402-472-7697, or US Mail to:
Admissions Coordinator, 318 Barkley Center, University of Nebraska-Lincoln, Lincoln, NE 68583-0738

Do not return this form to the Graduate Studies Office.