

Speech & Hearing Sciences Graduate Admission Recommendation Form

Applicant's Name _____
LAST
FIRST
MI
(MAIDEN)

To the applicant: Please indicate below whether you waive OR do not waive your right to review this recommendation.

I **reserve the right** to review this recommendation _____
Signature
Date

I **waive the right** to review this recommendation _____
Signature
Date

Length of time you have known this applicant _____

In what capacity? _____

1. How well do you know this applicant?

_____ very well _____ well _____ moderately _____ slightly

2. Please indicate in what capacity you know this person:

- Employee
- Student
- Other

3. Please rate the applicant of each of the characteristics listed below, by placing a check mark in the appropriate box.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Below 50%	No basis to judge
Intellectual ability						
Academic ability						
Breadth of general knowledge						
Maturity						
Effectiveness of oral communication						
Motivation						
Ability to work with others						
Potential as a clinician						
Dependability						
Overall						

4. Please comment on the applicant's potential for success in graduate study in speech-language pathology on the back of this sheet or on an attached letter. Please include knowledge of the applicant's scholarly or creative achievements and individual characteristics that will contribute to academic and clinical success in a graduate program.

5. Please indicate your overall recommendation:

___ strongly recommend ___ recommend ___ recommend with reservation ___ not recommend

 Name (please print) Date Institution

 Phone Signature

Please return this recommendation in a sealed envelope to the applicant or to:

Portland State University
 Speech & Hearing Sciences Program
 P.O. Box 751
 Portland, OR 97201

