



Recommendation of Applicant

Department of Communication Sciences & Disorders,
and Education of the Deaf

Idaho State University
921 S. 8th Ave, Stop 8116
Pocatello, ID 83209-8116
208-282-4196

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____

Degree Sought:

MS Speech-Language Pathology Pocatello ___ Boise ___ MS Deaf Education 14 month ___ Summers+ ___ AuD Audiology ___

I am applying to the Department of Communication Sciences & Disorders, and Education of the Deaf
for Fall Semester of 20____, Summer Semester (Deaf Ed only) of 20____.

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with the Family Educational Rights and Privacy Act of 1974.

<p>I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.</p> <p>Signed _____ Date _____</p>	<p>I retain my rights of access to this confidential letter of evaluation.</p> <p>Signed _____ Date _____</p>
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TO BE COMPLETED BY THE RECOMMENDER

Please check below the ratings which apply to the applicant in each of the categories listed. If you wish to write a general reference letter, please do so *in addition to completing this form*. Your candid comments are most welcome.

<i>Please rate the applicant using the following scale:</i>					
	No basis for judgment	Weak	Good (Top 50%)	Excellent (Top 25%)	Superior (Top 10%)
Potential as a scholar					
Potential as a clinician/teacher					
Work habits, organization & motivation					
Ethical standards and integrity					
Interpersonal skills					
Emotional maturity					
Written expression skills					
Oral expression skills					
Overall, I expect the applicant's graduate/doctoral work to be:					

Would you accept this individual to your graduate/doctoral program?

- Yes, without reservations
- Yes
- Yes, with reservations
- No

RECOMMENDATION:

- Yes, I highly recommend admission
- Yes
- Yes, with reservations
- No, I do not recommend

Please summarize the applicant's strengths, weaknesses, and promise as a graduate/doctoral student on back of this recommendation form.

Your Name _____ Degree _____

Your Title and Field _____ Institution _____

Street Address _____ City _____ State _____ Zip _____

How long have you known the applicant? _____ months/years

What is/has been your association with the applicant?

Signature _____ Date _____

Recommendation of Applicant, cont.

Summarize the applicant's strengths, weaknesses, and promise as a graduate/doctoral student:

Place this completed form in an envelope, seal it and sign across the seal. Thank you

**Communication Sciences & Disorders, and Education of the Deaf (CSED)
Idaho State University
921 S. 8th Ave.
Mail Stop 8116
Pocatello, ID 83209-8116**