

RECOMMENDATION FORM

Applicant: Please complete this section and send form to evaluator.

Name of Applicant: _____

Last

First

Middle

SS#: _____

I waive the right to view this letter of recommendation.

Signature

Date

Evaluator: Using the check sheet below please rate this applicant. If you wish to make additional comments, please use the back of this form or attach a separate letter. Please return by February 15th to:

**Graduate Admissions Committee
Department of Communication Disorders
Southern Connecticut State University
501 Crescent Street, Davis Hall, B-12
New Haven, CT 06515**

PERSONAL CHARACTERISTICS	Upper 1-2%	Upper 10%, but not upper 1-2%	Upper 25%, but not upper 10 %	Upper half, but not upper 25 %	Lower half	No Basis for judgment
Emotional Maturity						
Sensitivity to Others						
Interaction with Peers						
Interaction with Faculty						
Acceptance of Criticism						
Adaptability						
Enthusiasm						
Dependability						

ACADEMIC CHARACTERISTICS	Upper 1-2%	Upper 10%, but not upper 1-2%	Upper 25%, but not upper 10%	Upper half, but not upper 25%	Lower half	No Basis for judgment
Breadth of General Knowledge						
Breadth of Knowledge in SLP/AUD						
Ability in Oral Expression						
Ability in Written Expression						
Initiative						
Creativity						
Ability to Work Independently						
Scholarship						
Potential Success in Master's Degree Program						
Potential Success in Profession						

I would rank this applicant in the top _____% of approximately _____ students I have taught in _____ years.

Comments: (Use separate pages if necessary)

Signature: _____ Date: _____

Name (Please Print): _____ Title: _____

Institution: _____