

## CMD SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_

Last

First

Middle

Evaluator: In the space below, please rate this applicant who is applying for a CMD Scholarship.  
Your prompt reply will be very much appreciated. Please return to:

**Dr. Diana Newman**  
**Scholarship Coordinator**

	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						
Initiative						
Interaction with Faculty						
Acceptance of Criticism						
Adaptability						
Enthusiasm						
Dependability						
Cooperativeness						
Scholarship						
Breadth of Knowledge in Communication Disorders						
Ability in Oral Expression						
Ability in Written Expression						
Potential success as a Speech-language Pathologist or Audiologist						

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: \_\_\_\_\_