GRADUATE SCHOOL RECOMMENDATION

Bloomsburg University
Audiology Program
Bloomsburg, PA 17815

Recommendation must be from individuals who have knowledge of your academic abilities

Applicant_____ SS# _____-_____-_____

Address_____

_____

Degree Sought: Au.D in Audiology

Authorization for Waiver: To be read and signed by applicant. Note: This waiver is not required as a condition of admission to Bloomsburg University

I understand my right under the Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to graduate school.

I do ( ) do not( ) waive my right to review this reference report.

_____ _____

Date Signature of Applicant

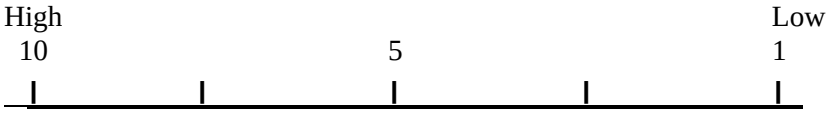
To the Evaluator:

How long have you known applicant?_____
Applicant known because he/she was ____student in 1 class ____student in 2-3 classes ____advisee ____

In comparison to other college/university seniors, please rate the applicant on the following measures.

	Excellent	Above Average	Average	Below Average	Unable to Judge
Academics					
Oral Communication					
Written Communication					
Research Skills					
Learning attitude					
Commitment					
Service					
Independence					
Initiative					
Interpersonal Skills					
Maturity					

On the line below, indicate the level of confidence you have for this student's successful completion of a doctoral program in audiology



Last Name_____ Signature_____ Date_____

Affiliation_____ Phone_____