

GRADUATE SCHOOL RECOMMENDATION
Bloomsburg University
 Speech-Language Pathology and Audiology Programs
 Bloomsburg, PA 17815

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

Applicant _____ SS# _____ - _____ - _____

Address _____

Degree Sought: _____ Program: _____ Speech-Language Pathology

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 ___ other

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					

On the line below, indicate the level of confidence you have for this student's successful completion of a graduate program in speech-language pathology.

High 10 _____ 5 _____ 1 _____ Low

Last Name _____ Signature _____ Date _____
 Affiliation _____ Phone _____

