

University of North Texas
Department of Speech and Hearing Sciences
Recommendation for Graduate Study

Section I: To be completed by the applicant prior to submitting the form to the recommender.

Applicant's name: _____

Major/degree intended: Master's degree in Speech-language Pathology Doctorate degree in Audiology

Intended year of program entry: Fall _____ (year)

In accordance with The Family Education Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby waive my right to access retain my right to access. _____
(student's signature) (date)

Section II: To be completed by the recommender.

In what capacity have you known the applicant? _____

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

What is/was your frequency of interaction with the applicant? _____

Please rank the applicant's academic capability as compared to his/her peers from the same field and academic level:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superior	Excellent	Good	Average	Below Average	Unable to rank
(Top 2%)	(Top 10%)	(Top 25%)	(Top 50%)		

In the space below or in an attached letter, please provide your candid assessment of this applicant's overall ability to complete successfully his/her intended program of graduate study.

Would you recommend the applicant for the graduate study in your program?

- Yes, I would highly recommend. Yes, I would recommend. Yes, I would recommend, but with reservations.
 No, I would not recommend. No, I cannot recommend because I am not associated with an academic program.

Recommender's Name: _____ **Position/Title:** _____

Institution: _____ **E-mail:** _____

Address: _____ **Phone:** _____

Signature: _____ **Date:** _____

Please mail recommendation in a signed and sealed envelope directly to: Graduate Studies, Department of Speech and Hearing Sciences, University of North Texas, 1155 Union Circle # 305010, Denton, Texas 76203-5017