

**Texas Woman's University SLP Graduate Program**

**REQUEST FOR RECOMMENDATION**

*Applicant should fill out the blanks in this section.*

Student's full name (Please print): \_\_\_\_\_

Address \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (student's name) is applying for admission to the Texas Woman's University SLP Graduate Program and would appreciate your completing this form and returning it to the applicant in a sealed/signed envelope. If you would like write a letter in addition to this form, please feel free to do so. Please seal the form and / or letter in an envelope, sign across the seal of the envelope, and return it to the applicant. If you prefer, you may mail the letter directly to TWU COMS Dept., P.O. Box 425737 Denton, TX 76204. In compliance with the Buckley Amendment, any recommendation or letter that becomes a part of the record for enrolled students will be available to the student, unless the student has signed a waiver of the student's right of access. *The applicant may waive his/her right to this recommendation by signing below: I hereby Waive my right of access to this recommendation:*

**KNOWLEDGE OF THE APPLICANT**

1. Approximately how long have you known the applicant? \_\_\_\_\_ yrs \_\_\_\_\_ months
2. How well do you feel you know the applicant? \_\_\_\_ casually \_\_\_\_ well \_\_\_\_ very well
3. What was the nature of your contacts with the applicant? \_\_\_\_ teacher in one class  
 \_\_\_\_ teacher in more than one class \_\_\_\_ employer \_\_\_\_ other (specify) \_\_\_\_\_

COMPARING THIS STUDENT TO OTHER **COLLEGE GRADUATES**, PLEASE RATE THE APPLICANT:

	Inadequate Opportunity to Observe or N/A	1 Below Average	3 Average	4 Top 25%	5 Top 10%
Academic performance					
Written expression					
Oral communication skills					
Ability to work with others					
Reliability/Dependability					
Initiative/Self-Reliance					
Familiarity with research techniques					
Motivation/Perseverance					
Judgment/Common Sense/Emotional Maturity					
Intellectual Curiosity					
Ability to accept & benefit from constructive criticism					

Signature of the person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

Please add any additional information about the candidate that you think would be helpful to us as we make our decision.

What is your recommendation regarding this candidate's application to the prerequisite program?

- Recommend admission strongly
- Recommend admission
- Recommend admission with reservations
- Not recommend admission

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Title \_\_\_\_\_  
Date

\_\_\_\_\_  
Affiliation Address of Respondent \_\_\_\_\_

\_\_\_\_\_  
Please return this form to the applicant in an envelope signed across the seal.