

Texas Woman's University SLP Masters 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 rather write a letter either in addition to or in place of this form, please feel free to do so. Please seal the form 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 Laura Moorner-Cook, 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) _____

	Inadequate Opportunity to Observe or N/A	1 Below Average	2 Average	3 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					
Organizational/Time Management Skills					
Stress Management					

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 graduate 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 include full address) _____

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