

# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## Recommendation Form Graduate Program in Speech-Language Pathology

***TO BE COMPLETED BY THE APPLICANT***

I agree that the recommendation I am requesting shall be held in confidence by officials of SIUE, and thereby, waive any right I may have to examine it. *You must check one:*       Yes     No

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

***TO BE COMPLETED BY THE REFERENCE PROVIDER***

1. In what capacity and for how long have you known this applicant?

\_\_\_\_\_

2. Would you accept this applicant to your graduate program?

yes       no

3. How do you feel the applicant's grades reflect his/her academic ability?

overestimate       good estimate       underestimate       no basis to judge

4. In comparison with a representative group of students with similar experience and training, how do you rate this applicant's overall ability:

- Top 5%
- Next highest third
- Middle third
- Lower third

5. Please evaluate the applicant's skills in the following areas:

|                        | Exceptional | Above Average | Average | Below Average | No Basis to Judge |
|------------------------|-------------|---------------|---------|---------------|-------------------|
| Written expression     |             |               |         |               |                   |
| Oral expression        |             |               |         |               |                   |
| Clinical insight       |             |               |         |               |                   |
| Common sense           |             |               |         |               |                   |
| Professional behavior  |             |               |         |               |                   |
| Working with others    |             |               |         |               |                   |
| Intellectual curiosity |             |               |         |               |                   |
|                        |             |               |         |               |                   |
|                        |             |               |         |               |                   |

6. Please check one of the following:

- I highly recommend this student.
- I recommend this student.
- I recommend this student with reservations
- I do not recommend this student.

7. Please attach a separate letter addressing your relationship with the applicant and opinion of the applicant's potential for graduate studies. Please include any special considerations that you feel should be made known to the graduate admissions committee.

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***CONTACT INFORMATION***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**References should be mailed to:**

**Office of Graduate Admissions  
Box 1047  
Southern Illinois University-Edwardsville  
Edwardsville, IL 62026-1047**