Graduate Applicant Recommendation Form
Department of Communicative Disorders
University of Wisconsin-River Falls

Applicant’s Name (print): _____________________________________________________________

My signature below indicates that I waive my right to review this recommendation:
Applicant’s signature: ________________________________________________________________

Notes to applicant:
✓ You must obtain “THREE” recommendations using this form. If you do NOT use this form, your application WILL NOT be considered.
✓ It is STRONGLY RECOMMENDED AND PREFERRED that this application be completed by a faculty/academic staff member and/or clinical supervisor in the Department of Communicative Disorders, Speech-Language and Hearing Sciences, or Speech-Language Pathology and Audiology of the university the applicant is currently attending or has attended.

Return this form to: UW-River Falls Graduate Admissions Office
112 South Hall
410 S. Third Street
River Falls, WI 54022

All information provided on this form will be kept confidential.

Recommender’s Name (print): ______________________________________________________
Recommender’s Title (circle): Ph.D. AUD M.A./M.S. Ed.D. Other: ________________
Recommender’s Institution (if other than UW-RF): _____________________________________
Recommender’s Department (if other than Com. Dis.): ________________________________
Recommender’s Signature: ______________________ Date:____________________

I know this applicant (circle): Very well Well Somewhat Not well at all
My relationship with the applicant (check all that apply): _____ Professor/Instructor
_____ Supervisor
_____ Academic advisor
_____ Other _______________________

Using the scale “5 = Strong or Strongly Agree to 1 = Weak or Strongly Disagree and 0 = Cannot Judge,” please circle your impression of the applicant with respect to the following statements:

Academic
1. The applicant’s academic potential for graduate work: 5 4 3 2 1 Required
2. The applicant’s writing skills: 5 4 3 2 1 0
3. The applicant’s verbal skills: 5 4 3 2 1 0
4. The applicant will need “TYPICAL/NOT MAJOR” academic guidance: 5 4 3 2 1 0
5. The applicant’s potential to succeed in a graduate program: 5 4 3 2 1 Required

Disposition
6. The applicant is respectful to faculty, staff, clients and peers: 5 4 3 2 1 0
7. The applicant has an overall positive attitude: 5 4 3 2 1 0
8. The applicant acts with integrity, fairness, and in an ethical manner: 5 4 3 2 1 0

Opinion
9. The applicant is one I would like to have in our program: 5 4 3 2 1 Required

Comments on back or submit an accompanying letter: