

San José State University

COMMUNICATIVE DISORDERS & SCIENCES

Graduate School

Applicant Evaluation and Recommendation Form

(Please type or print in ink)

TO BE COMPLETED BY APPLICANT		
_____ Last Name	_____ First Name	_____ Middle Name
*APPLICATION TYPE: <input type="checkbox"/> Extended Master's Degree Program (3yrs.) <input type="checkbox"/> Master's Degree Program (2yrs.)		
* If you do not have a Bachelor's Degree in Communicative Disorders & Sciences or Speech Pathology, you are considered an Extended Master Student; please check the appropriate box.		
** Waiver: I hereby waive my right to review this document as provided in the Buckley/Pell Amendment of the Family Educational Rights and Privacy Act of 1974.		
_____ Signature	_____ Social Security Number	_____ Date
** Note: The applicant has the right to review this document upon request under the Family Educational Rights and Privacy Act of 1974, as amended by the Buckley/Pell amendment, unless he/she waives in writing his/her right to review this document.		

The above named applicant has suggested that you can assist us in assessing his or her qualifications for study at San José State University. We desire to obtain your candid opinion of the candidate's intellectual and personal capabilities. San José State University is in compliance with Section 504 of the Rehabilitation Act of 1973 and does not discriminate on the basis of handicap in admission or access to its programs. You are asked not to refer directly or indirectly to an applicant's handicap.

TO BE COMPLETED BY INDIVIDUAL WRITING THE RECOMMENDATION								
Please complete the rating scale below by checking the appropriate number rating for each line item.								
5= Exceptionally High	4= Above Average	3= Average	2= Below Average	1= Poor	0= No basis for evaluation			
	Personal and Academic Traits		5	4	3	2	1	0
1.	Personal Integrity							
2.	Social and emotional maturity							
3.	Ability to work with others							
	Peers							
	Professors/Supervisors							
4.	Promise of professional growth							
5.	Leadership qualities							
6.	Community involvement							
7.	Communication skills							
	Oral							
	Writing							
8.	Scholastic aptitude							
9.	Perseverance toward goal attainment							
10.	Comfort with use of technology							
11.	Acumen for learning							
12.	Attention to detail							
13.	Potential for success in graduate school							
14.	Dependability							

TO BE COMPLETED BY INDIVIDUAL WRITING THE RECOMMENDATION

Compare this student with undergraduate students of last 10 years: Would he or she place in the:

- Top 5% Top 10% Top 25% Top 50% Below 50%

How long have you known the applicant and in what capacity? _____

Indicate strength of overall endorsement by checking the appropriate box:

- Highly Recommended Recommend Recommend with reservations Not Recommended

***Please summarize your opinion of the applicant with regard to:**

- (A) Potential for success as a graduate student in communication disorders
- (B) Personal dispositions that are consistent with a successful clinical career
- (C) Any other factors that speak to the applicant's qualifications

*If you would like to submit an official letter of recommendation in lieu of completing this portion of the form, please check the box below and attach the letter to this form.

I have attached an official letter of recommendation

Name (Please Print) _____

Signature _____

Title _____ Date _____

Address _____

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT.
Applicants are required to include all three of their recommendation forms in their application packet.

****If the applicant has waived their right to review this letter, please place it in a sealed envelope with your signature across the seal.**

THANK YOU FOR YOUR ASSISTANCE.