Speech-Language Pathology Recommendation Form

To the Applicant: Complete the following items and forward this form to the individual who will provide your reference.

Applicant's Name: _____
LAST   FIRST   MIDDLE   FORMER/OTHER (IF APPLICABLE)

Address:_____
NUMBER AND STREET

_____
CITY   STATE   COUNTRY   ZIP/POSTAL CODE

Application Deadline _____

I hereby release Loyola University Maryland and its agents and employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the Person Completing this Form

The person named above is applying for admission to the Graduate Program in Speech-Language Pathology at Loyola University Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference, and any other subjective supplementary statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

Please note this form must be sent ***directly*** from the recommender and must contain the recommender's electronic signature. You may email this document to graddocs@loyola.edu, which is preferred. Alternatively, you may also mail to:

Loyola University Maryland, Graduate Admission Processing Center, P.O. Box 1447, Beltsville, MD 20704.

Name: _____
DR./MR./MRS./MS.

Title/Position: _____

Company/Position: _____

Address: _____
NUMBER AND STREET

_____
CITY   STATE   COUNTRY   ZIP/POSTAL CODE

Telephone:_____E-mail:_____

Please give your opinion of the applicant on each of the following:

1. Degree of mastery of fundamental academic knowledge in the major

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

2. Degree of mastery of fundamental clinical knowledge in the major

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

3. Overall intellectual ability

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

4. Academic writing

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

5. Interpersonal skills with peers and professionals

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

6. Self-reliance and independence in scholarly work

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

7. Motivation and enthusiasm

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

8. Potential to conduct research

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

9. Overall rating as a prospective master's degree candidate

Poor	Fair	Good	Very Good	Outstanding	No Basis for Judgement

10. Where would this student rank if s/he applied to your program?

Reject	Waitlist	Admit	High Admit	Need more information	Do not know

11. Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Program in Speech-Language Pathology at Loyola University Maryland.

Highly Recommend	Recommend	Recommend with reservation	Not Recommended

12. One the next page in the space provided, please provide a formal narrative letter which provides additional information and qualifications about the applicant. You may write or copy and paste your letter in the area below, which is preferred.

Please indicate that you are attaching a separate letter in the box below if you choose to do so.

Recommender's Signature _____Date _____