

**UNIVERSITY OF MISSOURI  
DEPARTMENT OF COMMUNICATION SCIENCE & DISORDERS  
PERSONAL RECOMMENDATION FORM**

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

DEGREE SOUGHT \_\_\_\_\_ MAJOR AREA \_\_\_\_\_

- I wish to have access to this statement and understand that under Public Law 93-380, I shall have the right to read this document.
- I wish this statement to be confidential, and hereby waive any and all rights of access granted by Public Law 93-380 to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**List courses completed under person giving recommendation (if applicable).**

Course Number	Course Title	When Taken	Grade

List other professional contacts with person giving reference: \_\_\_\_\_  
\_\_\_\_\_

**To the person giving this recommendation:** Please complete this personal reference form and return it, in a sealed envelope, to the student for inclusion in his/her application packet. (If you do not know the student well enough to give him/her a recommendation, check here \_\_\_\_). Please feel free to respond in letter form instead of, or in addition to, the responses you give to the items below.

**1. Please rate the student using the scale below. (Please indicate whether you are rating student in comparison with seniors in communication disorders, or with another group, e.g. 1st year students, or students with a degree in another field.)**

- | HIGH          | LOW |  |
|---------------|-----|--|
| 7 6 5 4 3 2 1 | N/A | intellectual independence, capacity for analytical thought |
| 7 6 5 4 3 2 1 | N/A | ability to integrate information                           |
| 7 6 5 4 3 2 1 | N/A | motivation, interest                                       |
| 7 6 5 4 3 2 1 | N/A | dependability, perseverance                                |
| 7 6 5 4 3 2 1 | N/A | emotional maturity   |
| 7 6 5 4 3 2 1 | N/A | ability to work with others                                |

**2. Rating of Overall Scholarly Ability\***

\_\_\_ Outstanding    \_\_\_ Very Good    \_\_\_ Good    \_\_\_ Average    \_\_\_ Below Average

**3. Rating of Overall Clinical Ability\* (if applicable)**

\_\_\_ Outstanding    \_\_\_ Very Good    \_\_\_ Good    \_\_\_ Average    \_\_\_ Below Average

\*(outstanding=Highest 5%; Very Good=Next highest 10%; Good=Upper 25%; Average=Upper 50%; Below Average=Lower 50%)

**4. In the space below, please comment on the applicant's potential for success in graduate study (including academic and clinical aptitude). You may attach a separate sheet instead.**

**5. Do you know of any matters pertaining to character, integrity, ability to accept responsibility, or related considerations which should be made known to an admissions committee and/or to faculty in planning for the successful applicant's graduate program?**

**6. Check as applicable:**

Recommendation for Admission	Doctoral Program	Master's Program	Other Program (please specify)
Would strongly recommend for			
Would recommend for			
Would recommend with reservations for			
Would not recommend for			

7. Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Institution \_\_\_\_\_

Title \_\_\_\_\_ Address \_\_\_\_\_

NOTE: This recommendation form will be employed only in evaluating the applicant for admission into the Graduate Program in Communication Science and Disorders, University of Missouri. No other use will be made of this document without the written release of the person whose signature appears above.

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