

Recommendation Form
 EMU Undergraduate SLP Applying for EMU Graduate SLP Program

(Student completes top portion)

Applicant Name: _____

Date: _____

I am applying for admission for the following term: Fall _____

Winter _____

Faculty Name: _____

I **waive / do not waive** (**please circle one**) my right to review the contents of this recommendation*.

 Student Signature

Please rate the following areas for the above student:

| | Excellent | Very Good | Good | Fair | Poor | Unable to Rate |
|-------------------------------|-----------|-----------|------|------|------|----------------|
| Proficiency in course content | | | | | | |
| Written communication skills | | | | | | |
| Verbal communication skills | | | | | | |
| Ability to work with peers | | | | | | |
| Active engagement in learning | | | | | | |

Do you feel that this student's grades are representative of their abilities? _____

How would you rank this student overall compared to all undergraduate SLP students?

| Excellent | Very Good | Good | Fair | Poor | Unable to Compare |
|-----------|-----------|------|------|------|-------------------|
| | | | | | |

Other comments that you feel would be valuable in considering this application: _____

 Faculty Signature

Date

*If student waives right to review, place recommendation form in sealed envelope with signature across seal and send to Office of Admissions.

If student does not waive right to review, please give recommendation form directly to the student.