

**University of North Texas  
Department of Speech and Hearing Sciences**

\_\_\_\_\_ has applied for admission to our masters

in speech pathology \_\_\_\_\_/doctorate of audiology \_\_\_\_\_ program. We would greatly appreciate your assistance in providing the information below.

**In what capacity have you known the applicant?** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

Using as your base of comparison other college seniors or bachelor's degree holders, please rate the applicant on each of the following:

	Excellent	Good	Average	Poor	Did not observe
1. Academic Performance					
2. Ability to apply academic theory to clinical practice					
3. Potential for doing research					
4. Potential as a graduate student					
5. Potential for success as a professional speech pathologist or audiologist					
6. Oral communication skills					
7. Writing skills					
8. Ability to cooperate and relate effectively with others					
9. Initiative, self-reliance					
10. Dependability, punctuality, responsibility					
11. Judgement, common sense					
12. Ability to accept and benefit from constructive criticism					

**Would you accept the applicant for graduate study or work in your program?**

\_\_\_\_\_No      \_\_\_\_\_Yes, with reservation      \_\_\_\_\_Yes      \_\_\_\_\_Yes, gladly

Use the reverse side for any comments you feel will help us know the applicant better.

**Respondent's Name and Title:** \_\_\_\_\_

**Business or School Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ if you would welcome a call for other information.

**Please return this for to:**  
 Graduate Studies  
 Department of Speech and Hearing Sciences  
 University of North Texas  
 P.O. Box 305010  
 Denton, TX 76203-5010

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