

GRADUATE SCHOOL RECOMMENDATION

*Bloomsburg University
Audiology Program (Au.D.)*

Recommendations must be from faculty or professionals who have knowledge of your academic abilities.

Applicant _____ Address _____

Degree sought: Au.D. in Audiology

Authorization for Waiver: To be read and signed by the applicant. Note: This waiver is not required as a condition of admission to Bloomsburg University.

I understand my right under the Family Education Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to graduate school.

I do () do not () waive my rights to review this reference report.

Date

Signature of Applicant

To the Evaluator:

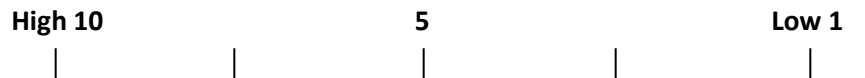
How long have you known the applicant? _____

Applicant known because he/she was: *student in 1 class:* _____ *student in 2-3 classes:* _____ *advisee:* _____
Other (explain): _____

In comparison to other college/university seniors, please rate the applicant on the following measures.

	Excellent	Above Average	Average	Below Average	Unable to Judge
Academics					
Oral Communication					
Written Communication					
Research Skills					
Learning Attitude					
Commitment					
Service					
Independence					
Initiative					
Interpersonal Skills					
Maturity					
Emotional Stability					

On the line below, indicate the level of confidence you have for this student's successful completion of a doctoral program in Audiology.



Comments: _____

Last Name: _____ Signature: _____ Date: _____

Institution: _____ Phone: _____