

**Eastern Illinois University
Department of Communication Disorders & Sciences**

Recommendation to Supplement Application for Graduate Admission

This section is to be completed by the application before the form is given to the writer of the recommendation.

Name of Applicant _____ Birthdate _____

I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential. No signature means the candidate will have the right to read this recommendation.

Original Signature (Photocopy not acceptable)

THIS FORM MUST BE COMPLETED BY ACADEMIC INSTRUCTORS OR CLINICAL SUPERVISORS IN THE DISCIPLINE OF COMMUNICATION DISORDERS AND SCIENCES/SPEECH-LANGUAGE PATHOLOGY.

Recommendations are due February 1 of each academic year.

Please rate the candidate on the following criteria:	No Basis to Judge	Weak	Average	Above Average	Superior
Academic Aptitude	_____	_____	_____	_____	_____
Clinical Aptitude	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Problem Solving/Independence critical thinking, maturity	_____	_____	_____	_____	_____
Interpersonal Skills attitude, dependability, flexibility, commitment, responsibility	_____	_____	_____	_____	_____

Please attach a written statement indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field desired.

Name _____

Original Signature _____

Position _____

Address _____

Date _____

RETURN TO: Communication Disorders & Sciences
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920