

Letter of Recommendation

Speech/Language/Hearing Sciences • Minnesota State University Moorhead 1104 7th Avenue South • Moorhead, MN 56563 Phone: 218.477.2286 (V/TDD) • FAX: 218.477.4392

This recommendation must be postmarked by February 1st (January 1st for International Students)

Send To: Graduate Studies Office, Minnesota State University Moorhead, 1104 Seventh Avenue South, Moorhead, MN 56563

TO THE APPLICANT:

This form should be given to a professor (or a clinical supervisor) who is able to comment on your qualifications for graduate study. Type or print the first four lines yourself.

Applicant's Name					
(Last)	(First)	(Middle)			
Mailing Address:	Address: City/State/Zip				
Name of Recommender:					
Title:	Institution:				

TO THE RECOMMENDER:

Please rate the applicant with others of the same academic level. It is important to the candidate that you give a percentage rating here as well as a verbal evaluation on the reverse side.

Please be advised that under the Minnesota Government Data Practices Act, all references are available to the applicant upon request.

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not able to judge
Organization						
Soundness of Judgment						
Verbal Communication Ability						
Writing Ability						
Competence In Chosen Field						
Motivation to Succeed						
Creativity or Research Potential						
Work Habits						
Emotional Stability						
Professional Behavior						
Interpersonal Relationships						

Academic Potential: Please estimate the applicant's academic potential for the completion of the master's degree on a scale of 1 (poorest) to 7 (best.) Only rate if you have observed academic performance.

Clinical Potential: Please estimate the applicant's clinical potential on a scale of 1 (poorest) to 7 (best.) Only rate if you have observed clinical performance.

Letter of Recommendation (continued)

EVALUATION OF APPLICANT: Please evaluate the applicant's suitability as a graduate student. Include length of time you have known the applicant; in what capacity you have known the applicant, etc. Do not include information that might indicate the individual's race, color, national origin, citizenship status, religion, creed, age, disability, gender (unless by the individual's name it is obvious,) sexual orientation, marital status, or status with regard to public assistance. In compliance with Section 504 of the Rehabilitation Act of 1973, we discourage you from referring directly or indirectly to an applicant's handicap. (If needed, attach additional pages.)

Check here if letter is attached rather than included above.

Signature of Recommender ____

Date

Minnesota State University Moorhead is an equal opportunity educator and employer and is a member of the Minnesota State Colleges & Universities System. This information will be made available in alternate format (Braille, large print, audiocassette tape) upon request by contacting Disability Services at 218.477.2652/V or 218.477.2047/TTY.