

CALIFORNIA STATE UNIVERSITY, EAST BAY DEPARTMENT OF
SPEECH, LANGUAGE, AND HEARING SCIENCES

**LETTER OF RECOMMENDATION FOR ADMISSION TO THE GRADUATE PROGRAM
IN SPEECH-LANGUAGE PATHOLOGY**

THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant's Name: _____

Applying for Fall 2019

Address (Street; City, State, Zip): _____

Email address: _____

To the Applicant: The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications of admission. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. Please indicate your decision regarding access to your letter writer by checking the applicable box below.

I expressly waive any rights of access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

I retain my rights to access this letter under the Family Educational Rights and Privacy Act of 1974.

To the Recommender: If no boxes are checked, the assumption is that the applicant retains the rights to this letter.

The above named applicant has applied to the California State University, East Bay for admission to the Graduate Program in Speech-Language Pathology. Your thorough evaluation of this applicant will greatly aid in the selection of those best qualified for admission into this program. Please fill out the following reference form, giving us your honest evaluation of the abilities, attitudes and potential of this candidate.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How well do you feel you know the applicant? Very Well Well Not well

Please place an "X" in the box which reflects your evaluation of the applicant's skills in comparison to others you know in the same capacity. **For skills marked as "exceptional," please give specific examples of how the student has demonstrated these skills in your comments provided on page 2 or by separate letter.**

	Exceptional top 5%	Above Average top 20%	Average top 50%	Below Average below 50%	No basis to judge
Academic performance					
Writing skills					
Oral/verbal/speaking skills					
Social pragmatic skills					
Effectively working with others					
Stability and maturity					
Independence and initiative					
Creativity/innovative thinking					
Potential for successful graduate work					
Potential for successful clinical work					

In your opinion, what are the chances for success within the graduate program for this applicant?

outstanding above average average below average poor no response

What is your recommendation regarding this applicant to the graduate program?

highly recommend recommend recommend with reservations do not recommend no response

Please give a frank evaluation of this candidate in terms of the following factors:

1. Academic performance and potential
2. Clinical performance and potential
3. Personal attributes
4. Relevant work and extra-curricular experience

A letter may be attached, or comments provided below.

NAME _____ DATE _____

TITLE _____ SIGNATURE _____

ORGANIZATION _____

EMAIL ADDRESS _____

Please return this form to the candidate in a sealed envelope to be included with their application packet.

Alternatively, you may mail it directly to: CSUEB Dept. of SLHS
Attn: Graduate Committee
25800 Carlos Bee Blvd.
Hayward, CA 94542-3065