Graduate Recommendation Form

Mail to:
Grand Valley State University
Admissions Office
1 Campus Drive
Allendale, MI 49401-9403

Applicant Information

Applicant Name: *

Proposed Degree Program: Master of Science in Speech-Language Pathology

Proposed semester and year of admission: *

I waive my rights to have access to this recommendation/evaluation.

Signature: *

Recommender Information

Salutation: * First Name: * Last Name: *

Email: * Phone Number: *

Professional Affiliation/Organization: Professional Title:

In what capacity do you know the applicant? *

☐ Instructor in One Class (specify course):

☐ Instructor in More Than One Class (specify courses):

☐ Employer/Supervisor

☐ Research Advisor

☐ Major Advisor

☐ Other (specify):

How long have you known the applicant? (Please enter 0 if appropriate)*

Years: ______ Months: ______
Ratings

Please rate the applicant compared to other students at the same education level with regard to the following characteristics.

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<tr>
<th>Characteristic</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Unable To Rate</th>
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<td>Communication - Written</td>
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<td>Computer/Technical Skills</td>
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<td>Critical Thinking/Reasoning</td>
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<td>Time Management</td>
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Additional Information

Additional comments or information you wish to provide regarding this applicant:

Summary

Please select one of the following ratings for the applicant: *

☐ Recommend enthusiastically

☐ Recommend with confidence

☐ Recommend

☐ Recommend with reservation

☐ Not recommend

☐ I certify that all the answers and information I have provided on this recommendation are complete and accurate to the best of my knowledge. *