

**DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
THE UNIVERSITY OF IOWA**

Name of Applicant:

The signature below constitutes a waiver of the applicant's right of access to this reference; if not signed, the reference will be made available to the applicant.

Signature: _____

Date: _____

1. I have known the applicant for _____ years, in the capacity of:

- Classroom instructor [Course(s): _____]
- Academic adviser
- Clinical supervisor [Practicum(s): _____]
- Employer
- Friend
- Other (please specify)

2. Please mark an appropriate point on the line continuum: I think I know this student, relative to other students at this level:

Hardly at all + ----- + Very well

3. Based upon your experience, how would you rank this student in terms of potential as a graduate student?

_____ percentile (99 percentile = highest)

4. What is your overall level of support for this student's admission into our graduate clinical program?

Very Low Low Moderate Strong Very Strong Exceptional

5. **Please provide on the back side of this page or with an attached letter,** your views of this applicant's potential as a graduate student. Please comment on the extent to which you believe the student's grades and graduate record examination scores are reflective of their potential. Also, comment on the applicant's personal skills (responsibility, dependability), and interpersonal skills (tact, cooperativeness, etc.), that may bear on clinical or scholarly performance.

Name _____

Position _____

Department _____

Institution _____

Signature _____

Date _____

RETURN TO: The applicant in a sealed envelope on which you have signed across the seal of the envelope