

**Letter of Recommendation to THE GRADUATE SCHOOL,  
The University of Maine, 5755 Stodder Hall, Room 42, Orono, ME 04469-5755  
Telephone: (207) 581-3220      Email: [graduate@maine.edu](mailto:graduate@maine.edu)**

**This form is to be used for applicants to the Communication Sciences and Disorders program Only**

<i>This section to be filled in by applicant. (Please print or type.)</i>		
Maiden/Former Name _____		DATE OF BIRTH _____ / _____ / _____ Month      Day      Year
Last Name	First Name	Middle Name
<p>The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) gives students access to information in their application files. However, to ensure that references will be free to write a candid letter of recommendation, an applicant may waive the right to see letters of reference. If you wish to voluntarily waive this right, please sign below:</p>		
Signature _____		Date _____

**To be completed by recommender and returned directly to The University of Maine Graduate School.**

1. Please attach a signed letter of recommendation addressing the candidate's qualifications and promise as a master's student. Of particular interest are your estimates of the applicant's intellectual ability, motivation, capacity for independent study, interpersonal skills, and promise for a career in speech/language pathology. Also, indicate the length and nature of the relationship you have with the applicant.
2. Using checkmarks, please rate the applicant on the qualities listed below. If possible, use other applicants in our field as your standard for comparison

	Top 1-5%	Next 6-10%	Next 11-25%	Next 26-50%	Lower 50%	No Basis for Judgment
Oral Communication						
Written Communication						
Dependability/Reliability						
Intellectual Ability						
Ability to Deal with Stress						
Interpersonal Skills						
Judgment and Maturity						
Motivation						

3. Which of the following best describes your overall assessment of the applicant for graduate admission?

Strongly recommend     
 Recommend     
 Recommend with Reservation     
 Not recommend

Recommender's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Institution \_\_\_\_\_

E-Mail \_\_\_\_\_

Title \_\_\_\_\_