



Louisiana Tech University
College of Liberal Arts
Department of Speech

Recommendation
For Admission to the Doctor of Audiology (Au.D.) Program

TO BE COMPLETED BY THE APPLICANT

Applicant's Name _____
Last First Middle

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may choose whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Please check (✓) one of the following statements and sign in the space provided so that the person providing the recommendation will be advised of your choice.

_____ I WAIVE my right to review this recommendation.

_____ I DO NOT WAIVE my right to review this recommendation.

Signature of Applicant

Date of Signature

TO BE COMPLETED BY PERSON PROVIDING THE RECOMMENDATION

After completing this form, you may wish to provide additional comments in a letter. If so, please staple your letter to this form so that the Department of Speech may identify the applicant's choice with respect to the right of access under the Family Educational Rights and Privacy Act.

Return this recommendation directly to the student in a sealed envelope with your signature across the seal.

1. Knowledge of the Applicant

Approximately how long have you known this applicant? _____

What was the nature of your contact(s) with this applicant?

University/College Instructor _____ Academic Advisor _____

Research Advisor _____ Employer _____

Other (Please Specify) _____

How well do you know this applicant?

Casually _____ Well _____ Very Well _____

PLEASE COMPLETE THE NEXT PAGE

2. Evaluation: In comparison with other students who have the same amount of academic experience and training, I rate this applicant as follows:

Parameter	Exceptional Top 2%	Excellent Top 10%	Good Top 25%	Average 50%	Below Average 25%	Unable to Judge
Openness to new learning at an advanced level						
Potential for conceptual, analytical thinking						
Ability to express ideas in writing						
Emotional stability and personal maturity						
Potential for growth in self-understanding and self-evaluation						
Intellectual capacity to engage in scholarly activities						
Ability to work with others						
Oral communication skills						
General academic ability						
Potential for successful graduate study						
Overall, I would rank this applicant with other beginning graduate students						

PLEASE COMPLETE THE NEXT PAGE

3. Summary Evaluation:

- ___ I ***strongly recommend*** this applicant for admission as he or she has the capability to perform at a superior level in an Au.D. audiology.
- ___ I ***recommend*** this applicant for admission as his or her performance should be comparable to that of most students in an Au.D. program.
- ___ I ***recommend with reservation*** this applicant for admission to the doctoral program in audiology at Louisiana Tech University.
- ___ I ***do not recommend*** this applicant for admission to the doctoral program in audiology at Louisiana Tech University.

4. Please add any comments that may assist in evaluating this applicant's potential for successful graduate study in audiology. You may attach additional comments if you wish.

Name of Person Providing this Recommendation (Please Print)

Signature

Date of Signature

Title _____ **Organization** _____

Address _____

Street

or PO Box

City

State

Zip Code

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