



Louisiana Tech University  
College of Liberal Arts  
Department of Speech

**Recommendation for a Graduate Assistantship**

TO BE COMPLETED BY THE APPLICANT

Applicant's Name \_\_\_\_\_  
Last First Middle

Under the provision 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 (/) 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

The individual whose name is listed above is requesting that you provide a recommendation to support his/her application for a Graduate Assistantship in the speech-language pathology master's degree program in the Department of Speech at Louisiana Tech. The Graduate Admissions Committee would appreciate your frank evaluation of the individuals' potential as a teaching or research assistant. 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? \_\_\_\_\_  
Please describe the nature of your contact(s) with this applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE THE NEXT PAGE

**2. Evaluation**

**In comparison to his/her peers, please rate this applicant's ability to fulfill the responsibilities of a Graduate Assistantship as follows:**

<b>Parameter</b>	<b>Top 1%</b>	<b>Top 5%</b>	<b>Top 10%</b>	<b>Top 25%</b>	<b>Top 50%</b>	<b>Unable to Judge</b>
Organization						
Judgment						
Ability to follow instructions						
Dependability						
Punctuality						
Responsibility						
Interpersonal skills with peers						
Interpersonal skills with faculty						
Independence and self-reliance						
Ability to work with others						
Ability to initiate ideas and actions						
Oral communication skills						
Written communication skills						
Timely completion of tasks						
Personal Maturity						
Potential to maintain academic excellence with additional responsibilities of an assistantship						
Potential as a research assistant						

**3. Summary Recommendation**

**Considering your knowledge of this applicant, please indicate your recommendation for a Graduate Assistantship:**

**Recommend**
                         
  **Strongly Recommend**  
 **Recommend with Reservation**
                         
  **Cannot Recommend**

**4. Please add any comments that may assist in evaluating this applicant's potential for success as a Graduate Assistant.**

**PLEASE COMPLETE THE NEXT PAGE**

**Name of Person Providing this Recommendation (Please Print)**

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Signature**

**Title** \_\_\_\_\_

**Organization** \_\_\_\_\_

**City, State, Postal Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

<p><b>Return this recommendation directly to the applicant in a sealed envelope with your signature across the seal.</b></p>
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