

Speech-Language Pathology Graduate Program Reference Form

Applied Health Sciences • Communication Disorders 125 Alexander Hall • Murray, Kentucky 42071 Phone: (270) 809-2446 • Fax: (270) 809-3963 E-mail: communication.disorders@murraystate.edu

Prospective Graduate Section

Applicant: Please have reference form completed by three university faculty or staff who can address your potential and aptitude for success in graduate school. Provide stamped envelopes posted to above address to each reference.

aterials used for the evaluation of my admission to the Communication s are restricted to or limited to letters of recommendation and/or forms used are made and submitted as part of the evaluation process.
upplement or instead of this form, please feel free to do so. Also please ant in judging the applicant's qualifications for Graduate training. Please your name across the back flap.
capacity?
7

Briefly describe the applicant's academic and clinical potential. Provide any particular strengths and/or weaknesses. Attach an additional sheet if necessary

Relative Ratings of the Applicant

City

In rating the applicant in the areas listed below	, specify the group to wh	ich the applicant is being c	compared (e.g. college
seniors, graduate students, or other).			

Reference Group _	
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Please rate the applicant in each area listed in comparison to the above reference group.

Comparison	No Basis to Judge	Below Ave	rage Average	Above Average	Outstanding	Truly Exceptional
Ability to Organize & Express Ideas Orally	0	1	2	3	4	5
Ability to Organize & Express Ideas in Writin	ng 0	1	2	3	4	5
Ability to Work with Others	0	1	2	3	4	5
Applicant's Promise as a Graduate Student	0	1	2	3	4	5
Maturity	0	1	2	3	4	5
Motivation	0	1	2	3	4	5
Persistence	0	1	2	3	4	5
Problem-Solving Ability	0	1	2	3	4	5
Clinical Aptitude	0	1	2	3	4	5
Research Aptitude	0	1	2	3	4	5
Signature of Respondent	Date					
Name and Title (Type or Print)						
Institution						
Address						

State

Zip Code