

Graduate Programs in Speech Language Pathology

Loyola College in Maryland

Recommendation Form

To the Applicant

Complete the following items and forward this form to the individual who will provide your reference.

Applicant's Name _____
LAST FIRST MIDDLE FORMER/OTHER (IF APPLICABLE)

Address _____
NUMBER AND STREET CITY AND COUNTY STATE AND COUNTRY ZIP/POSTAL CODE

Social Security Number - - Application Deadline _____

Program ☐ Master of Science - Speech Language Pathology
☐ Certificate of Advanced Study - Speech Language Pathology

I hereby release Loyola College in Maryland and its agents and employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the Person Completing This Form

The person named above is applying for admission to a Graduate Program in Speech Language Pathology at Loyola College in Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified applicants.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola College in Maryland. To ensure confidentiality of information within the spirit of the law, the college will use this form for the purpose of admission only. The professional reference and any other subjective supplementary statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admissions Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. Sign your name across the sealed flap of the envelope and return it to the student who will submit all of his/her application materials in a single package. The deadline for the student submission of application materials for the Speech Language Pathology program is February 1. Please keep this deadlines in mind when completing the recommendations.

Name _____
(PLEASE PRINT) DR./MR./MRS./MS./OTHER

Title/Position _____

Company/Position _____

Address _____
NUMBER AND STREET CITY AND COUNTY STATE AND COUNTRY ZIP/POSTAL CODE

Telephone Number _____

Background Information

For how long and in what capacities have you known the applicant?

Continued on back

1. Degree of mastery of fundamental academic knowledge in the major

☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

4. Imagination and originality

☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

5. Self reliance and independence in scientific or scholarly work

☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

6. Motivation and enthusiasm ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

7. Ability to work effectively with others

☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

8. Potential to conduct research ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

9. Overall rating as a prospective master's degree candidate

☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ Did not Observe

10. Would you accept this student for graduate study?
☐ Enthusiastically ☐ With reservation ☐ No

Please add any comments which may assist in providing a complete picture of the applicant's abilities and potential as a graduate student.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature _____ Date _____