



DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS: LETTER OF REFERENCE



Please mail the completed form directly to:

Enrollment Services, Southeastern Louisiana University
 Box 10752, SLU. Hammond, LA 70402

Under the provisions of the Family Educational and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

APPLICANT'S SECTION

Name _____ Phone/Email _____
(Please print name as it appears on transcripts)

Mailing address _____

Person completing this form _____
(Please type or print the information above)

Please check one:

- I waive the right provided by the Family Educational Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of reference in my file at Southeastern Louisiana University.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Southeastern Louisiana University.

Signature of Applicant _____ Date _____
(The applicant should complete the items above and give this form to an individual well acquainted with his/her education abilities.)

RESPONDANT'S SECTION

Please comment on this candidate's qualification and promise for graduate study. Continue on the reverse side if necessary. On each continuum below, please mark an "X" indicating your rating of this student and "NA" for non-applicable items:

	POOR					OUSTANDING				
	1	2	3	4	5	6	7	8	9	10
Academic potential										
Written language										
Spoken language										
Self initiation										
Creativity										
Maturity										
Clinical potential										
Research potential										

How long have you known this applicant? _____ In what capacity? _____

Would you recommend this student for graduate study? YES NO (Circle one)

Please explain any reservations _____

Respondent's Signature _____ Name _____ Date _____
(Printed or Typed)

Institution/Dept. _____ Title _____

Phone Number _____ Email Address _____