BALL STATE UNIVERSITY

DOCTOR OF AUDIOLOGY (AuD) PROGRAM

Recommendation Form

Name of Applicant: _____
(last) (first) (middle initial)

By signing this form, I waive my right to review this document: _____
(Applicant's signature)

Notice to the person making the recommendation: Although it is not required, you are welcome to provide a letter (on your letterhead) in place of or in addition to this recommendation form. **The completed recommendation form and/or letter must be given to the applicant.** Please do **not** mail the completed form/letter to the AuD Admissions Committee. The applicant must send all application materials to the AuD Admissions Committee in one mailing. If you wish the recommendation form/letter to remain confidential, place the completed form/letter in an envelope and give the sealed envelope (signed across the seal, if desired) to the applicant for inclusion with his/her other application materials.

How long have you known the applicant? _____

In what capacity have you known the applicant?

❒ Applicant's instructor (discipline: ❒ audiology ❒ speech pathology ❒ other area_____)

❒ Applicant's clinical supervisor (discipline: ❒ audiology ❒ speech pathology)

❒ Other capacity; indicate: _____

How would you rate the applicant in the following areas?

	Truly Exceptional (Top 1%)	Outstanding (Top 5%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Intellectual/academic capabilities						
Interpersonal skills						
Written communication skills						
Oral communication skills						
Dependability						
Motivation for AuD work/career						
Potential for success in AuD program						

--- continued on reverse ---

Please write any additional comments below or attach additional sheets, as desired:

Name: _____

Telephone number: _____ E-mail address: _____

Place of employment: _____

Position: _____

Signature: _____ Date: _____

Please give the completed recommendation form/letter to the applicant.