

**Department of Communicative Disorders
University of Northern Iowa
230 Communication Arts Center
Cedar Falls IA 50614-0356**

**Personal Reference Form
For Graduate School Admission**



To the Applicant: This is a required form for admission to the Communicative Disorders Graduate Program at the University of Northern Iowa.

This form should be given to professors who are able to comment on your qualifications for graduate study. It is expected that you will request recommendations only from faculty/clinical supervisors.

Complete A, B, C, and D. Deliver this form to the references with a stamped envelope addressed to:
International Services
University of Northern Iowa
120 Gilchrist Hall
Cedar Falls IA 50614-0018

A. _____ Major: Speech-Language Pathology
Student's Last Name First/Given Middle or Maiden

B. Name of the individual (reference) completing this form: _____

C. Period of time you have known the individual and in what capacity? _____

D. List the courses you have taken under the direction of this person:

Course Number	Course Title	When Taken	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Waiver of Rights to Access

The signature below constitutes a waiver of the applicant's right of access to this reference; if not signed, the reference will be made available to the applicant.

Please Print:

Name: _____ Date: _____ Signature: _____

The Department of Communicative Disorders requests this information for the purpose of considering your acceptance into the departmental graduate program. No persons outside the University are routinely provided this information. Release of any information is governed by Board of Regents rules and applicable state and federal statutes.

To the Individual Completing this Form:

The student on the reverse side has applied for admission to the Department of Communicative Disorders at the University of Northern Iowa. The completed Reference Form, and any additional statements **must be returned by January 20 (Fall Admission) or September 15 (Spring Admission).**

- I have verified sections C and D are correct. _____
- Please rank this applicant in comparison with other students with whom you have worked with.

	No basis to judge	Weak	Average	Good	Very Good	Superior
Written expression:	_____	_____	_____	_____	_____	_____
Oral expression:	_____	_____	_____	_____	_____	_____
Dependability:	_____	_____	_____	_____	_____	_____
Basic intellectual ability:	_____	_____	_____	_____	_____	_____
Common sense:	_____	_____	_____	_____	_____	_____
Leadership skills:	_____	_____	_____	_____	_____	_____
Self-evaluation skills:	_____	_____	_____	_____	_____	_____
Self-confidence (esteem):	_____	_____	_____	_____	_____	_____
Organization:	_____	_____	_____	_____	_____	_____
Tact:	_____	_____	_____	_____	_____	_____
Performance relative to potential:	_____	_____	_____	_____	_____	_____
Potential as a graduate student:	_____	_____	_____	_____	_____	_____
Potential as a graduate assistant:	_____	_____	_____	_____	_____	_____

- Please rate the following if you have had clinical experience with this student.

	No basis to judge	Weak	Average	Good	Very Good	Superior
Problem-solving skills:	_____	_____	_____	_____	_____	_____
Responsiveness to constructive criticism:	_____	_____	_____	_____	_____	_____
Application of academic knowledge to clinic:	_____	_____	_____	_____	_____	_____
Ability to relate to clients/families:	_____	_____	_____	_____	_____	_____
Overall clinical abilities:	_____	_____	_____	_____	_____	_____

- Would you recommend this candidate be accepted into your graduate program? (Check one)

- Strongly recommend
- Recommend with some reservation
- Would not recommend

- We encourage you to attach a letter of support.

Name: _____ Department: _____

Signature: _____ Institution: _____

Position: _____ Date completed: _____

Mail completed reference:
International Services
University of Northern Iowa
120 Gilchrist Hall, Cedar Falls, IA
50614-0018