



LAMAR UNIVERSITY

Lamar University- Department of Speech and Hearing Sciences- Graduate Application

Recommendation Form- Audiology

To Be completed by student

Student Name: _____

In accordance with The Family Education Rights and Privacy Act of 1974, materials in students files are open to inspection upon request (if admitted and enrolled), unless the student has waived the right of access in advance. If no response is given, the recommendation is considered waived. Please sign below to indicate your wish.

Signature: _____ Date: _____

Address: _____
STREET OR BOX CITY STATE ZIP CODE

To be completed by the recommender:

Please provide a confidential evaluation of the applicant's ability to successfully complete the doctoral level program of graduate study indicated. Attach a letter to this document.

For comparative assessment, please fill out the information below:

How well do you feel you know the applicant? Casually _____ Well _____ Very Well _____

I would compare this applicant with other students of the same levels as follows (Check box):

	TOP 10%	TOP 20%	TOP 40%	BELOW 50%	UNKNOWN
Academic Performance					
Intellectual Potential					
Writing Ability					
Motivation					
Maturity					
Speaking Ability					
Research Ability					
Responsibility					

Would you accept this student into your graduate program?

YES _____ NO _____ YES with reservation (*please specify*) _____

Recommenders Signature

Date

Name (printed)

Address

PLEASE PLACE FORM AND LETTER OF RECOMMENDATION IN AN ENVELOPE AND SIGN YOUR NAME ACROSS THE SEAL.

Please mail to: Lamar University Speech and Hearing Sciences

P.O. Box 10076

Beaumont TX, 77710