

DEPARTMENT OF COMMUNICATIVE DISORDERS AND DEAF STUDIES  
CALIFORNIA STATE UNIVERSITY, FRESNO  
GRADUATE PROGRAM – LETTER OF RECOMMENDATION

Applicant: \_\_\_\_\_ Semester: Fall Spring Year \_\_\_\_\_  
Last, First Middle

Masters of Arts Degree in Communicative Disorders Option: Deaf Education Speech-Language Pathology

To the applicant and the evaluator: It is understood that this letter or evaluation will be maintained in confidence by the Department of Communicative Disorders and Deaf studies, California State University Fresno and will be used as one factor in considering application to an advanced and/or master's degree program.

I hereby waive my right of access to this document in accordance with the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and related policies and regulations.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of applicant Date

**THIS PART TO BE COMPLETED BY THE EVALUATOR**

The Department of Communicative Disorders and Deaf studies would appreciate a statement from you evaluating the person named above for enrollment in and successful completion of an advanced credential and/or a master's degree program. If additional space is needed, the back of this form may be used. Please compare the applicant with other comparable individuals. **Seal your recommendation in an envelop and sign across the seal; then return to the applicant to send to the department.**

| CATEGORY                           | TOP 5% | TOP 10% | TOP 25% | TOP 50% | Do not Recommend | Not Applicable |
|------------------------------------|--------|---------|---------|---------|------------------|----------------|
| Scholastic Ability                 |        |         |         |         |                  |                |
| Clinical Potential                 |        |         |         |         |                  |                |
| Oral Expression                    |        |         |         |         |                  |                |
| Written Expression                 |        |         |         |         |                  |                |
| Enthusiasm for Major               |        |         |         |         |                  |                |
| Initiative                         |        |         |         |         |                  |                |
| Growing Professionalism            |        |         |         |         |                  |                |
| Dependability/Reliability          |        |         |         |         |                  |                |
| Problem-solving Abilities          |        |         |         |         |                  |                |
| Able to pursue goals independently |        |         |         |         |                  |                |

**OVERALL RECOMMENDATION:**

|                                 |                                  |                                  |                                  |   |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---|
| TOP 5% <input type="checkbox"/> | TOP 10% <input type="checkbox"/> | TOP 25% <input type="checkbox"/> | TOP 50% <input type="checkbox"/> | DO NOT RECOMMEND <input type="checkbox"/> |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---|

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_