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% ❒	**TOP 10% ❒**	**TOP 25% ❒**	**TOP 50% ❒**	**DO NOT RECOMMEND ❒**

Print Name _____ Position_____

Signature_____Date_____
Address _____