

Letter of Recommendation

Recommender should return forms by January 15

Note: Use this form only if you can not provide email addresses for your references. Reference letters should be mailed to:

**Center for Data Management
Vanderbilt University
PMB 407833, 2301 Vanderbilt Place
Nashville, TN 37240-7833**

Name: _____
Last, Family or Surname First Middle U.S. Social Security # (last four digits only)

Department: **Department of Hearing and Speech Sciences** (Au.D., M.D.E., M.S.-SLP, Ph.D.)

Degree Sought: _____

I agree that this recommendation shall be held in confidence by officials of Vanderbilt University, and I hereby waive my right to examine it. Yes No

Applicant's Signature: _____

To Be Completed by Recommender.

Vanderbilt University and the Department of Hearing and Speech Sciences would appreciate a confidential statement from you about this applicant. How long and in what connection have you known the student? What is your assessment of the student's strengths and weaknesses? How well qualified do you consider the student to pursue the degree sought in the proposed field?

Please rate the applicant relative to other students or employees who have undertaken graduate study in recent years.

	Top 2%	Top 10%	Top 25%	Top 50%	No basis for judgment
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for the Proposed program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of recommender: _____
Please print or type

Title and institution: _____

Signature: _____ Date: _____