

# University of Hawai'i at Manoa

John A. Burns School of Medicine  
Division of Speech Pathology & Audiology  
1410 Lower Campus Road Honolulu, HI 96822  
Telephone: (808) 956-8279

## **LETTER OF RECOMMENDATION FORM** M.S. Speech Pathology or Audiology

<p><b>Name of Applicant:</b> _____ (Last) (First) (Middle)</p> <p>Area of Specialization (<b>check one</b>): ___Speech-Language Pathology ___Audiology</p> <p><b>Applicant:</b> Please sign on the line below if you wish to make this a confidential recommendation by waiving your right of access to it.</p> <p>Signature _____ Date _____</p>
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**To the Recommender:** The person whose name appears above is seeking admission to the Master of Science in Speech-Language Pathology or Audiology program at the University of Hawai'i and has requested that your evaluation be included as part of the information on which we will base our admission decision.

Your candid assessment of the applicant's potential as a graduate student and clinician is appreciated. Note that an applicant who has not waived his/her right of access has the right to see your appraisal. We thank you for your time in completing this form.

<p>Respondent Name: _____</p> <p>Title: _____</p> <p>Department: _____</p> <p>Institution: _____</p> <p>Address: _____</p>
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I have known this applicant for \_\_\_\_\_ years/months, in the capacity of (check all that apply):

- Classroom Instructor - Undergraduate Courses
- Classroom Instructor – Graduate Courses
- Clinical Supervisor
- Academic Advisor
- Research Assistant/Teaching Assistant
- Other (e.g. Employer, Friend) Please specify: \_\_\_\_\_

Please rate the applicant on the following attributes in comparison to other students whom you have known at similar levels of educational achievement:

- College Seniors
- First Year Graduate Students

	No Basis for Judgement	Top 5%	Top 10%	Top 25%	Top 50%	Below 50%
Knowledge within field	No Basis	5	4	3	2	1
Willingness to learn	No Basis	5	4	3	2	1
Problem Solving Skills	No Basis	5	4	3	2	1
Application of Academics to Clinical Situations	No Basis	5	4	3	2	1
Motivation	No Basis	5	4	3	2	1
Adaptability/Flexibility	No Basis	5	4	3	2	1
Stress Management/Coping Skills	No Basis	5	4	3	2	1
Oral Communication	No Basis	5	4	3	2	1
Written Expression	No Basis	5	4	3	2	1
Interpersonal Skills	No Basis	5	4	3	2	1
Community Service Involvement	No Basis	5	4	3	2	1
Potential as Clinician	No Basis	5	4	3	2	1
Potential as Researcher	No Basis	5	4	3	2	1

To what degree would you support the admission of this applicant into your own graduate program (check one):

- Strongly Support
- Support
- Would Not Support
- Uncertain

Additional Comments: Please feel free to provide additional information regarding the applicant's strengths and limitations in the areas of scholarly achievement and clinical potential.

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and date above, seal this form in an envelope, and mail to:

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