

UNIVERSITY OF HAWAII AT MANOA
 Department of Speech
 2560 Campus Road, Grg 326
 Honolulu, HI 96822

RECOMMENDATION FORM FOR GRADUATE PROGRAM IN SPEECH

To Applicant:
 Type or print the information below, checking the appropriate box for confidentiality authorization, and give this form to the person supplying the recommendation.

Name of Applicant: _____
Last First M.I.

I hereby waive any and all rights of access to confidential letters pertaining to this application.

I DO NOT waive my right to access this recommendation, but I authorize the referee to provide a candid evaluation.

Date: _____ Applicant's Signature: _____

To be completed by the Referee:

The person named above is an applicant for admission to the M.A. program in Speech at the University of Hawaii. Please evaluate the following characteristics of the applicant by checking the appropriate box.

	Exceptional	Outstanding	Above Average	Average or Below	Unable to Judge
Intellectual Ability					
Motivation					
Self-Reliance					
Writing Ability					
Speaking Ability					
Analytic Ability					

We would appreciate any further information that would aid us in evaluating the applicant's ability to carry on advanced study and research, including your impressions regarding the applicant's potential ability as a graduate teaching assistant. Please write your comments below or attach a separate letter.

Referee's Name: _____ Position: _____

How long and in what capacity have you known the applicant? _____

Date: _____ Referee's Signature: _____

Please return this form (and letter, if applicable) to the Graduate Faculty Chair in Speech at the above address.