



COMMUNICATION DISORDERS

University of Kentucky Reference Form

Applicant _____

To the Applicant: Under the Family Education Rights and Privacy Act of 1974, students who are accepted and who matriculate into the school/college for which they applied, are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review.

You have the option of 1) signing the following waiver; or 2) declining to do so.

_____ I expressly waive any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

Name Date

_____ I do not agree to the waiver above.

Name Date

To the Recommender: The individual named above is applying for admission to graduate study in the College of Health Sciences at the University of Kentucky. Your appraisal of the applicant's qualifications to undertake and benefit from such a program will be very helpful to the admissions committee. Before you agree to submit a recommendation, please review the reference to the Federal law entitled the Family Educational Rights and Privacy Act of 1974, as presented above in our instructions "To the applicant". Thank you for your assistance.

Note: If you choose to do so, you may submit a recommendation letter on official letterhead in lieu of this form.

1. In what capacity have you known this applicant?

2. Summary Evaluation: Compared with the _____(number) students you have known in the past _____(years) in his/her field, at approximately the same level of training, this student would rank as indicated on the scales below:

a. Achievement (scholarly/creative)

Lowest 0 20% 40% 60% 80% 100% Highest

b. Promise or probability of success

Lowest 0 20% 40% 60% 80% 100% Highest

3. In the table below, please summarize your opinion of the scholarly and clinical potential, including (a) information not apparent on the official transcript, (b) aspects of the applicant's personality and character which are significant to graduate study, and (c) the applicant's special skills and experiences.

Characteristics	Superior	Above Average	Average	Below Average	No opportunity to observe
Scholarship					
Integrity					
Initiative					
Diligence					
Leadership					
Willingness to assume responsibility					
Ability to do research					
Ability to express ideas in writing					
Ability to express ideas verbally					
Ability to relate to others					

Signature _____ Title _____

Agency/Institution _____ Date _____

Please return the completed form to: Office of Student Affairs
 College of Health Sciences
 University of Kentucky
 900 S. Limestone
 CHS Bldg., Rm. 111
 Lexington, KY 40536-0200

Attention: CD Graduate Admissions