

# RECOMMENDATION FORM

## University of Wisconsin – Madison & Stevens Point

### Joint AuD Program

**NOTICE TO APPLICANT:** The recommender is strongly urged to use this form. Please provide the following information **before** giving the form to him/her.

**Name of Applicant:** \_\_\_\_\_  
**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ (check one) waive my right of access to this reference letter.  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTICE TO RECOMMENDER:** APPLICATION MATERIAL DUE DATE IS **FEBRUARY 1<sup>st</sup>**

Please check the appropriate box to rank the applicant accordingly.	Below Average	Average	Above Average	Superior	No Basis
Student Ranking in my Class					
Clinical Ranking in my Class					
Ability to Work Independently					
Interpersonal Communication Skills					
Common Sense					
Problem-Solving Skills					
Self-Motivation					

How long have you know this applicant and in what capacity? \_\_\_\_\_  
 Do this applicant's grades reflect his/her academic ability? (please explain) \_\_\_\_\_

- Please check only one of the following:
- \_\_\_\_\_ OUTSTANDING CANDIDATE. Graduate program should actively seek to recruit this student.
  - \_\_\_\_\_ STRONG CANDIDATE. This student is above average and will probably do well.
  - \_\_\_\_\_ ACCEPTABLE CANDIDATE. Guarded optimism. Might need extra support.
  - \_\_\_\_\_ UNACCEPTABLE CANDIDATE. Unlikely to succeed at the graduate level.
  - \_\_\_\_\_ I do not have sufficient data about this student to use one of the above categories.

**Comments:** (please provide addition documentation if necessary)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name (print):** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **At:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The Doctorate in Audiology (Au.D.) Program has a self-managed application process in which the student gathers all of the application materials and submits them in a single mailing. Please place this form and any additional documentation in a sealed letterhead envelope. Sign your name across the sealed flap of the envelope, and return it to the student for submission.

**Return to:** c/o Amy Hartman, M.A., CCC-A  
 AuD Admissions Committee  
 Department of Communicative Disorders  
 1975 Willow Drive  
 Madison, WI 53706