



WORCESTER STATE UNIVERSITY
GRADUATE SCHOOL

Letter of Recommendation

Last Name:

First Name:

Middle Name:

Mailing Address: Number & Street

City:

State:

Zip:

Country (if other than US)

WAIVER SECTION:

Check One of the following statements:

- I waive the right provided by the Family Education and Privacy Act of 1974 to view this letter of recommendation.
- I do not wish to waive this right; I wish to retain the right to view this letter of recommendation.

Signature of applicant

THIS SECTION IS TO BE COMPLETED BY THE PERSON MAKING THE EVALUATION.

1.) How long and in what capacity have you known the applicant?

2.) Evaluate this applicant by checking the scales below

	Excellent	Above Average	Average	Below Average
Intellectual Ability (general thinking skills)				
Discipline-Specific Knowledge				
Interpersonal Skills				
Effectiveness in Written Communication				
Leadership Ability				
Ethical Integrity				
Motivation / Initiative				
Promise as a Graduate Student				

3.) In an attached letter, describe your impressions of this applicant in terms of strengths and areas needing development; potential to achieve in graduate studies; and special qualities or experiences that lend support to this applicant's acceptance into the graduate program. Please include the following: your name, title/position, organization, business address, and original signature.

Letters should be mailed to:

**Office of Graduate Admissions
Worcester State University
486 Chandler Street Worcester MA 01602**

PLEASE NOTE:

Applicants to the Speech-Language Pathology program should collect references in sealed envelopes and mail them to the Graduate Admissions office in one packet.