



BOWLING GREEN STATE UNIVERSITY  
 Department of Communication Disorders  
 Speech & Hearing Clinic

## Recommendation Form

**To the Applicant:**

Please give a completed copy of this form to each person from whom you are requesting a recommendation. Fill out the form completely, including requested information about the person providing the recommendation. Have them mail the form attached to a letter of recommendation addressing your qualifications for graduate study in the field of communication disorders. Letters should be written on *their own official letterhead*. Give each recommender a stamped envelope, with the phrase "re: letter of recommendation" noted on it, and pre-address it to:

**The Graduate Coordinator, 200 Health Center Building, Department of Communication Disorders, Bowling Green State University, Bowling Green, OH 43403-0149**

Have the person writing the recommendation **mail the letter and form directly to us**. Recommendations should be requested from individuals who are best suited to comment on your fitness for graduate study in the field of communication disorders. Please be sure to tell those writing letters for you to mail their letters to arrive **no later than February 15<sup>th</sup>**.

**STUDENT'S INFORMATION:**

NAME: \_\_\_\_\_ Program applying to (circle one): Master's      Doctoral

BGSU ID# (if known): P00\_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**RECOMMENDER'S INFORMATION.**

NAME: \_\_\_\_\_ Title: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

*The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The university does not require that you make such a waiver as a condition for admission or award of graduate assistantship.*

I **HEREBY WAIVE** my right to access this recommendation on behalf of my application to the graduate program of the Department of Communication Disorders, Bowling Green State University.

I **DO NOT WAIVE** my right to access this recommendation on behalf of my application to the graduate program of the Department of Communication Disorders, Bowling Green State University.

Applicant's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_