

## Student Reference Request Form

This Form is only for Faculty and Staff in the Department of Speech Pathology and Audiology. Both pages of the Student Reference Request Form must be completed to be accepted and processed. A request will not be processed until the fully completed form and three pieces of supporting documentation have been received.

Students are required to submit the following documentation (drafts are acceptable): 1) Resume or Curriculum Vitae 2) Personal Statement 3) Degree Progress Report or Unofficial Transcripts

### Student Name (First and Last):

| Professors asked (First, Last) | How long have you known this Professor?<br>Instructor etc. | In what capacity? Ex: Course<br>Instructor, Advisor, other? |
|--------------------------------|--|---|
| 1.                             |  |   |
| 2.                             |  |   |
| 3.                             |  |   |
| 4.                             |  |   |
| 5.                             |  |   |

This reference is for the following purpose(s): (check all applicable spaces)

- application/reference for employment
- scholarship or honorary award
- admission to another educational institution/program
- applying for ADP/early decision only

The reference may be given in the following form(s): (check one or both spaces)

- written  oral

I authorize Employee to release any and all information from my education records, as defined in the Family Educational Rights and Privacy Act (FERPA) and provide an evaluation relating to my education at Marquette University. (Check all applicable spaces)

- All prospective employers or
- All educational institutions to which I seek admission or
- All organizations considering me for an award or scholarship or
- The following employers, educational institutions and/or organizations considering me for an award of scholarship

(list all applicable entities):

I understand and agree that this authorization shall remain in effect until revoked by me, in writing, and delivered to Employee/Marquette University. I further understand that any such revocation shall not affect disclosures previously made by Employee prior to receipt of such written revocation. Also, I hereby agree to indemnify, defend and hold harmless Employee, and Marquette University, for any claim arising out of, or related to, any reference or information provided pursuant to this authorization.

I waive,  do not waive (you must check one) my right of access to this recommendation or other information provided pursuant to this authorization.

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Student Signature

Date

# Letter of Recommendation Form for Students

If this is an Employment Reference, only Sections 1-6 need to be completed.

1. Full Name:

2. MUID Number:

3. Hometown (city and state):

4. Year in school (junior, senior, post-bacc, ADP, grad):

5. Cumulative GPA at this time:

6. Cumulative SPPA GPA at this time:

7. Type(s) of programs you will apply to:

8. School(s) to which you will apply:

| Name | Deadline Date | CSDCAS Application?<br>Check Box if <b>YES</b> . |
|------|---------------|--|
|      |               | <input type="checkbox"/>                         |
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Complete and submit this form to Christina at: [christina.demmith@marquette.edu](mailto:christina.demmith@marquette.edu)

The completed form and three pieces of supporting documentation must be included with your email request as separate attachments.