



MARQUETTE UNIVERSITY

College of Health Sciences
Speech Pathology and Audiology

Post-Baccalaureate Bridge Program Letter of Recommendation Form

Applicant Name:

Evaluator Name:

Relationship

How long have you known the applicant?

How well do you know the applicant?

In what capacity do you know the applicant?

Likert Analysis

Excellent (5) Good (4) Average (3) Below Average (2) Poor (1) Not Observed (-)

Collaborative Ability

Initiative

**Interpersonal
Relations**

Oral Communication

Reliability

**Written
Communication**

Overall Evaluation

Overall Recommendation

Please fill out the space below with your comments about the candidate, or attach an additional PDF document with a letter outlining your thoughts regarding the candidate.

Signature