

Thank you for your recent application to Fontbonne University's Early Intervention in Deaf Education graduate program.

We need the following documents in order to complete your application:

- Official transcripts from every college or university you have attended in sealed envelopes.
- Three letters of recommendation; academic references are preferred. Recommendations are mailed directly by the person completing the recommendation. *The form is attached in this email.*
- Self-statement: Please use this as an opportunity to address a) the personal qualities which will make you a good professional in Early Intervention in Deaf Education, b) your reasons for seeking the degree at Fontbonne, c) examples of your ability to problem solve and work collaboratively, and d) where you see yourself five years after completion of the program. Please limit to 300-500 words in length.

Please send your self-statement to:

**Director of Deaf Education
Fontbonne University
6800 Wydown Blvd
St. Louis, MO 63105-3098**

Please feel free to call if you have any questions or wish to schedule a visit with the director of the graduate program. All information is needed by February 1, 2017 in order to be considered for the program that will begin in June of 2017.

Best wishes in your graduate search!

Kathleen Matheny, Office Manager
Communication Disorders/Deaf Education
Fontbonne University
Phone: 314-719-3636

Recommendation Form
Fontbonne University
Deaf Education in Inclusive Settings: Fontbonne Clarke Northeast Collaborative
Graduate Program
Department of Communication Disorders and Deaf Education

This section to be completed by applicant:

Name of applicant: _____
(Last) (First) (Middle)

List of courses completed taught by the person giving this recommendation (if applicable):

Course Number	Course Title	When Taken	Grade

Please list any other professional or personal contacts with the person giving this reference:

This section to be completed by person giving the recommendation:

Please complete this form and return it to: *Program Director, Deaf Education, Fontbonne University, 6800 Wydown Blvd., St. Louis, MO 63105*

In an attached letter, please comment on the applicant's promise as a graduate student based upon the following:

- intellectual ability
- capacity for analytical thinking,
- ability to work independently & with others
- ability to organize and express ideas clearly
- motivation
- integrity
- ability to accept responsibility
- accomplishments

Please check which is most applicable to this applicant:

- _____ I would strongly recommend the applicant
- _____ I would recommend the applicant
- _____ I would recommend with reservations

Signature

Title

Date

****Note:** This recommendation form will be employed only in evaluating the applicant for admission into the Graduate Program of Communication Disorders and Deaf Education at Fontbonne University. No other use will be made of this document without the written release of the person recommending the applicant.