

# Recommendation Form

## Foreign Language & Area Studies Fellowship

### Summer 2009

**Applicant:** Provide your recommender with this form and a blank envelope. Arrange to pick up the sealed envelope from the recommender and return the envelope together with your other application materials to the Office of Graduate Student Assistantships and Fellowships, Rice Hall 602 by **13 February 2009**.

Name: \_\_\_\_\_

Target Language: \_\_\_\_\_

\_\_\_\_\_ I agree to waive access to this recommendation.

\_\_\_\_\_ I do not agree to waive access to this recommendation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

|   |
|---|
| <b>THIS PART TO BE COMPLETED BY THE RECOMMENDER</b> |
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**Recommender:** The person named above is applying for a Foreign Language & Area Studies award. We would appreciate your evaluation of the applicant's academic ability and promise. To the extent possible, please include your views on the importance of the proposed language study program to the applicant's academic and/or career plans. Language professors are asked to comment on the applicant's present language ability in the target language and overall aptitude for language learning.

The student should provide you with a blank envelope with this application form. Please place your recommendation in this envelope, seal it, sign it across the seal, and return the envelope to the student. **You may write your recommendation on the back of this form, or include a letter on your school or department stationery with this form.**

Please rate this applicant in terms of academic ability and promise (use other students in similar degree programs as the basis for your ranking).

| Below Average | Average | Good | Excellent | Truly Exceptional | Inadequate Opportunity to observe |
|---------------|---------|------|-----------|-------------------|-----------------------------------|
|               |         |      |           |                   |                                   |

Recommender's name (please print): \_\_\_\_\_

Position or title: \_\_\_\_\_

Department or school: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_