



## Recommendation Form

### SIGUR CENTER GRANT FOR CHINESE LANGUAGE STUDY IN TAIWAN

**Applicant:** Provide your recommenders 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 Sigur Center for Asian Studies, Attn: Erin Robinson, 1957 E Street, NW, Suite 503, by **April 1**.

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

I am applying for a Language grant to be used toward my studies from (Mo/Year) \_\_\_/\_\_\_ to \_\_\_/\_\_\_ at \_\_\_\_\_ in Taiwan.

I agree to waive access to this recommendation   
I do not agree to waive access to this recommendation

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PART TO BE COMPLETED BY THE RECOMMENDER**

**Recommender:** The person named above is applying for The Sigur Center Grant for Chinese Language Study in Taiwan. 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 or internship 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 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 own stationery.

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 <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Truly Exceptional <input type="checkbox"/>	Inadequate Opportunity to observe <input type="checkbox"/>
----------------------------------------------	-------------------------------------	----------------------------------	---------------------------------------	--------------------------------------------------	---------------------------------------------------------------------

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

Position or title: \_\_\_\_\_ Department or school: \_\_\_\_\_

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

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