

**AMERICAN INSTITUTE OF INDIAN STUDIES**  
**ADVANCED LANGUAGE PROGRAMS IN INDIA**

**CONFIDENTIAL LANGUAGE REFERENCE**

**TO BE COMPLETED BY THE APPLICANT'S LANGUAGE TEACHER**

TO BE COMPLETED BY THE APPLICANT:                      NAME: \_\_\_\_\_

\_\_\_\_\_ NINE-MONTH LANGUAGE PROGRAM      \_\_\_\_\_ FALL SEMESTER                      \_\_\_\_\_ SUMMER LANGUAGE PROGRAM

\_\_\_\_\_ HINDI      \_\_\_\_\_ BENGALI      \_\_\_\_\_ TAMIL      \_\_\_\_\_ URDU      OTHER (specify) \_\_\_\_\_

*I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf*

\_\_\_\_\_ *I wish to waive my rights of access to this letter.*                      \_\_\_\_\_ *I wish to retain my rights of access to this letter*

Name \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY THE REFEREE:

*Please list the language courses that the applicant has taken with you:*

Course title	Dates of attendance	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LANGUAGE ABILITY:

*For each section below, please use the following key:*

*A = above average                      B = average                      C = below average                      ? = information not available*

SPEAKING:

1. Utilization of phonological distinctions (vowel length, aspiration, retroflexion, etc) .....
2. Command of vocabulary .....
3. Application of grammatical rules .....
4. Overall fluency .....
5. Comments:

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LISTENING:

1. Recognition of phonological distinctions.....
2. Command of vocabulary.....
3. Ability to follow normal rate of speech.....
4. Comments:

READING:

1. Knowledge of script.....
2. Ability to give exact translation.....
3. Ability to read rapidly and grasp general content.....
4. Comments:

WRITING:

1. Ability to handle script.....
2. Ability to produce standard written form of the language.....
3. Ability to take dictation.....
4. Comments:

PLEASE STATE THE BASIS OF YOUR EVALUATION:

LANGUAGE ASSESSMENT:

*In terms of your personal knowledge of the applicant, please assess the applicant's background, performance, and potential for progress in this language, identifying strengths and weaknesses that may be taken into account in the instructional program. If this form provides insufficient space, please feel free to use additional pages.*

DATE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_