CONFIDENTIAL REFERENCE
(PLEASE TYPE)

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:

In the course of your recommendation, please respond to the following questions. Your recommendation need not be restricted, however, to these answers:

1. How long have you known the applicant? In what capacity?
2. This program requires students to study a language intensively in a situation of prolonged interaction with fellow students and to function in a challenging social and cultural environment. Please comment as specifically as possible on the applicant’s ability to adapt to such conditions, and please identify any potential problem areas.
3. Please comment on the applicant’s academic preparation and promise, both in terms of your personal knowledge of the applicant, and in light of the applicant’s statement of purpose.

If this form provides insufficient space, please feel free to use additional pages.