

A M E R I C A N I N S T I T U T E O F I N D I A N S T U D I E S
A D V A N C E D L A N G U A G E P R O G R A M S I N I N D I A

C O N F I D E N T I A L R E F E R E N C E
(P L E A S E T Y P E)

TO BE COMPLETED BY THE APPLICANT:		NAME: _____
_____ NINE-MONTH LANGUAGE PROGRAM	_____ FALL SEMESTER	_____ SUMMER LANGUAGE PROGRAM
_____ HINDI	_____ BENGALI	_____ TAMIL _____ URDU _____ OTHER (specify) _____
<i>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>		
_____ <i>I wish to waive my rights of access to this letter.</i>	_____	_____ <i>I wish to retain my rights of access to this letter</i>
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.

SIGNATURE _____	DATE _____
NAME _____	TITLE _____
ADDRESS _____	
