

Department of French & Italian
University of Kansas

Recommendation for: _____

APPLICANT: Please print or type your name above, check one of the following statements, sign your name and forward this form to the person writing on your behalf.

I waive my right to examine this recommendation.

I do not waive my right to examine this recommendation.

(Your signature)

REFEREE: The individual above has given your name as a reference in support of his/her application to this department's graduate program. Your candid and timely response will be greatly appreciated. Please return the completed evaluation form to:

Director of Graduate Studies
Department of French & Italian
University of Kansas
Lawrence, KS 66045

1. How long have you known the applicant: _____ years.

2. Under what circumstances: _____

Your Name: (please print or type) _____

Position/Title: _____

Signature: _____

3. Please evaluate the applicant in comparison with other students you have known at a similar stage in their studies:

| | 50-75% | 75-90% | 90-98% | Top 2% | Cannot Judge |
|----------------------|--------|--------|--------|--------|--------------|
| General Intelligence | | | | | |
| Breadth of Knowledge | | | | | |
| Interest in Field | | | | | |
| Self-discipline | | | | | |
| Oral French | | | | | |
| Written French | | | | | |
| Emotional Maturity | | | | | |
| Promise as a teacher | | | | | |
| Promise as a scholar | | | | | |

4. Please feel free to add comments here (or in a separate letter, if you prefer):

Thank you very much for taking time to complete this evaluation; your help is greatly appreciated.