

LETTER OF RECOMMENDATION

Fulbright-Hays GPA Intensive Advanced Yoruba in Nigeria
(June 20- August 12, 2007)

Applicant Last Name	Applicant First Name	Middle Name	Gender
Applicant Address			
Major Department		Degree Goal	
Name of Recommender	Title	Institution or Enterprise	

If you are admitted to this program, you have the right to view this recommendation. Some people prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be more helpful to us in judging important characteristics such as creativity, originality, independence, and research capability. Therefore, the university is affording you the opportunity to waive your right of subsequent access to this recommendation form. In any event, your application for admission into this program will be given full consideration based on all the information in your application, including this form, regardless of your decision on waiving your right of future review.

Do you waive your right of subsequent access to this recommendation letter form? Yes No

APPLICANT SIGNATURE

DATE

To the recommender: Please rate the applicant with others of the same age and academic level. It is important to the applicant that you give a percentage rating on the grid below as well as a written evaluation. If you are not able to judge in any category please explain why.

	LOWER THIRD	MIDDLE THIRD	UPPER THIRD	TOP 10%	UPPER ___%	NOT ABLE TO JUDGE
Competence in his/her chosen field						
Motivation and diligence						
Intellectual ability and critical thinking						
Potential as a teacher						
Emotional maturity						

Please use the rest of this form for a written evaluation of the applicant's suitability for this program. How long have you known the applicant, and in what capacity? (If desired, attach a letter typed on letterhead.)

RECOMMENDER SIGNATURE

DATE