DIRECTIONS FOR APPLICANTS

Complete the Student Section of this form and provide it to professors who are able to comment on your qualifications for language and area studies. You should not request a recommendation from a non-academic reference unless you have been away from academic institutions for some time.

STUDENT SECTION: To be completed by applicant (please type or print)

Name: ____________________________________________________________

Department or Major(s): ____________________________________________

Academic Specialization: __________________________________________

Proposed Language of Study: _______________________________________

Courses that you have taken taught by the recommender:

1. Course #: __________________________ Course Title: __________________
   Semester Taken: __________________________ Grade: __________________

2. Course #: __________________________ Course Title: __________________
   Semester Taken: __________________________ Grade: __________________

3. Course #: __________________________ Course Title: __________________
   Semester Taken: __________________________ Grade: __________________

APPLICANT’S WAIVER OF RIGHT TO ACCESS

The Family Educational Rights and Privacy Act of 1974, as amended, (P.L.93-380), allows a candidate for admission, employment, or receipt of honors to waive his/her right of access to confidential letters or statements written in his/her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his/her behalf. The University does not require that you make such a waiver as a condition for admission or award of fellowship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by:

Name of Recommender: ____________________________________________

__________________________ on behalf of my application for award of a FLAS fellowship. This waiver is effective insofar as the recommendation is used solely for the purpose of award of fellowship.

Applicant name: __________________________________________________

Applicant Signature: ____________________________ Date: ________________
TO BE COMPLETED BY RECOMMENDER (please type or print)

The student named on this form has applied for a U.S. Department of Education Title VI FLAS Fellowship.

Please complete this personal reference form and return it with your letter of reference by mail (preferred) to Middle East Studies Center / 150 Enarson Classroom Building, 2009 Millikin Rd., or via email to mcclimans.2@osu.edu, no later than Thursday, February 1, 2018.

I have verified that the courses and grades listed on the previous page are correct: Y N
I feel that I know the student well enough to write a recommendation: Y N

How strongly do you recommend the student for a fellowship?

I strongly recommend the applicant
I recommend the applicant with reservations
I recommend the applicant
I do not recommend the applicant

Summary Evaluation: In comparison with a representative group of students in the same field who have had approximately the same amount of experience and training, how do you rate the applicant in general scholarly ability?

Outstanding (highest 5%)
Very good (next highest 10%)
Good (in upper 25%)
Average (in upper 50%)
Below average

Please indicate the educational level of the representative group with whom the applicant is compared:

Advanced graduate students
First-year graduate students
Undergraduate juniors or seniors

Some gifted individuals have mediocre scholastic records. Is the applicant’s scholastic record, as you know it, an accurate index of his/her scholastic ability? Y N

If no, please explain briefly.
Recommendation Form: Academic Year 2018-2019

Letter of Reference: In a separate, typed letter, please address the following questions:

Feasibility of Language Program and Applicant’s Language Ability: What is your view of the applicant’s proposed language study program? Please comment on the candidate’s command of the proposed language (speaking, listening, reading, writing) and general aptitude for foreign language study.

Overall Academic Merit: Give views on such matters as his/her accomplishments, intellectual independence, research interests, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly (orally or in writing), drive, and motivation.

If applicant is applying for different languages in the Academic Year and Summer competitions or to the competitions in the other area studies centers, the referee should address the suitability of the proposed language study programs.

Recommender name: ____________________________________________________________

Title: ___________________________ Institution: _________________________________

Address: ___________________________ Email: _________________________________

Signature: ___________________________ Date: _______________________________

Middle East Studies Center / 150 Enarson Classroom Building, 2009 Millikin Rd. / mcclimans.2@osu.edu / (614) 292-6506