

**DEPARTMENT OF FRENCH AND ITALIAN
THE 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 for 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.