International and Area Studies Fellowships  
University of Washington  
FELLOWSHIP REFERENCE FORM: Language

APPLICANT SECTION

Applicant Name:  
Language to be evaluated:  

Under the provisions of the Family Education Rights and Privacy Act of 1974, enrolled students receiving fellowships have access to this recommendation unless they waive such access. Fellowship applicants who are denied admission have no right to review records under this Act. The Jackson School will accept and consider recommendations with or without such a waiver.

(Optional) I hereby waive my right of access to this recommendation.

__________________________________________  ______________________________________  
Signature of Applicant                          Date

Procedure: Give one of your referees this form with one of the enclosed envelopes. Fill in your name and address on the envelope. Ask your referee to complete his/her section and return it to you in the sealed envelope. Submit it with your complete application packet.

REFEEEREE SECTION

This applicant is requesting a recommendation evaluating his/her ability in the language named above for a fellowship offered through the Jackson School of International Studies.

On the reverse side of this form or, if you prefer, in an attached letter, please address the following:

1. How long and in what capacity have you known the applicant?
2. What is your overall evaluation of the applicant’s present language skills?
3. What is your overall evaluation of the applicant’s future potential in the language?

Please rate the applicant in the following categories: (A = excellent; B = good to excellent; C = satisfactory to good; D = poor)

1. _____ Ability to understand this language 4. _____ Accuracy of pronunciation  
   when spoken by a native speaker  
2. _____ Mastery of grammar and syntax 5. _____ Overall ability to read/understand this  
   language in its written form  
3. _____ Command of vocabulary

__________________________________________  ______________________________________  
Signature of Referee                          Date

Referee’s Name (please print): 
Referee’s Title and Institution:

Procedure: Please seal this recommendation in the envelope provided by the applicant, sign your name as instructed on the back of the envelope, and return the sealed envelope to the applicant. Applicants must submit all application materials at one time in a complete packet. If, for some reason, you cannot follow this procedure, please send your recommendation no later than January 15 to:

University of Washington  
The Henry M. Jackson School of International Studies  
Office of Student Services, Fellowship Applications  
Box 353650  
Seattle, WA 98195-3650