



FLAS Fellowships

FLAS Reference Form

Name of Applicant: _____

Department: _____

The Family Education Rights and Privacy Act of 1974, as amended, opens many student records for the student's inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Date: _____ **Applicant's Signature:** _____

Your Name: (please print or type) _____ **Date:** _____

Position or Title: _____

Department or Address: _____

Signature _____

Please address the applicant's academic ability and how foreign language and area or international study benefits the applicant's academic program and career goals. Please review the criteria for the Center(s) to which the student is applying for criteria unique to that Center. For language instructors please address the applicant's abilities to pursue language study.

Thank you for your thoughtful assessment of this applicant.

Detailed comments and recommendations: Please use additional sheets if necessary.