

**Center for Language Studies, Beloit College  
Summer Intensive Language Program  
Recommendation Form**

**I. Student Information**

Name \_\_\_\_\_

Language Program: \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education records, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence.

Please sign below if you wish to waive your right to examine this letter of recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**II. Statement of Evaluation**

**Please indicate how you have come to know the applicant, and assess the readiness and capacity of this applicant to undertake a program of summer intensive language study.** *(If more space is needed, please attach additional documents to this form).*

*(Please answer questions on reverse side of form).*

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to the Center for Language Studies, 700 College Street, Beloit, WI 53511-5595. For more information, please contact Patricia Zody, director of the Center for Language Studies, at 608.363.2277 or cls@beloit.edu.

**III. Academic Potential**

Please assess the student's qualities to function effectively in an intensive language program. *(based on a scale of 1 to 5 with 5 being the highest ranking)*

	(lowest)			(highest)	
<b>Interpersonal Relations &amp; Communication</b>	1	2	3	4	5
<b>Cross-Cultural Understanding</b>	1	2	3	4	5
<b>Emotional Maturity</b>	1	2	3	4	5
<b>Ability to Take Initiative</b>	1	2	3	4	5
<b>Academic/Intellectual Potential</b>	1	2	3	4	5
<b>Classroom Participation/Study Habits</b>	1	2	3	4	5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Language Ability (to be filled out if you are a language instructor).**

1. What textbook(s) have you used with the applicant? \_\_\_\_\_  
\_\_\_\_\_
2. How many contact hours per week have you had with the applicant? \_\_\_\_\_
3. How does the applicant compare with other language students at the same level?  
*(based on a scale of 1 to 5 with 5 being the highest ranking)*

	(lowest)			(highest)	
<b>Written Comprehension</b>	1	2	3	4	5
<b>Oral Comprehension</b>	1	2	3	4	5
<b>Speaking</b>	1	2	3	4	5
<b>Writing</b>	1	2	3	4	5

4. Please comment on the applicant's language ability and performance in class.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_