

Full Name of
ApplicantLanguage to be
Studied

According to the Privacy Act of 1974, you have the right to review confidential letters of recommendation in your file. If you wish to waive the right to examine this reference, please acknowledge that you understand the following statement by checking the box and noting the date that you did so. This section must be completed **BEFORE** you send this form to your referee.

By checking the box, I hereby waive the right to examine this evaluation and understand that its contents will not be shared with me.

I Agree

Date

Name of Referee:

Title:

Email:

I know the
applicant:In comparison with others at
the same academic level, I rate
the applicant at:The applicant is/
was:

- student in lecture class
 student in seminar
 Teaching/Research Assistant
 other

If other,
please
explain:

COMMENTS:

(if attaching a
separate letter,
please limit to a
single page)

1000 character
max.

Please email this form (and attached letter if necessary) directly to the following by:

August 4, 2017Dr. Chizuko Allen, Fellowship Coordinator
(808) 956-2210 | chizuko@hawaii.edu