



Term of Application:

Fall/Spring Summer

Academic Year:

Full Name of Applicant:

Applicant Preferred Name (if applicable):

Language 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 labeled 'I Agree', 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:

The applicant is/was:

- a student in lecture class
- a student in seminar
- teaching/research assistant
- other:

In comparison with others at the same academic level, I rate the applicant at:

Comments:

Limit 1000 characters.

If attaching a separate letter, please limit to a single page.

Please email this form (and attached letter if applicable) directly to the following by the date listed on our website (cseashawaii.org/students/scholarships/flas):

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