



LETTER OF RECOMMENDATION

To be completed by Student

Name _____ Address _____

Email _____ Telephone _____

University _____ Discipline/Field _____

Degree Level _____ Year of Study _____

To be completed by Professor

1. How long have you known the applicant and in what capacity? How well do you know the applicant?

2. This course involves students from many countries and ethnic groups, each with different beliefs and perspectives. Do you believe the applicant possesses the emotional maturity and tolerance of differences to discuss sensitive topics with a variety of people? Please elaborate if possible.

3. How would you rate the applicant's oral and written proficiency in the English Language?

ORAL: excellent good fair elementary poor

In your opinion is his/her proficiency in oral English of a level sufficient for success in a graduate level course?

yes no

WRITTEN: excellent good fair elementary poor

In your opinion is his/her proficiency in written English of a level sufficient for success in a graduate level course?

yes no

4. Carefully indicate with an X your rating of the applicant in terms of the following attributes. Referees are asked to apply the strictest interpretations of the rankings below. The comparison group should consist of applicants at a comparable stage in their academic career.

	Top 5 %	Top 10%	Top 20%	Top 50%	Lower 50%	No Basis to Judge
Demonstrated Academic Ability						
Critical Thinking Skills						
Motivation for program of study						
Oral Expression						
Written Expression						
Research potential						
Emotional maturity & judgment						
Ability to respect individual differences						
Ability to accept constructive feedback						
Ability to work collaboratively						
Overall Ability						

Please elaborate on and explain your responses above in a separate letter.

5. Please email the completed form directly to the Institute’s Deputy Executive Director, Megan Reid at admin@genocidestudies.org with the email subject “**Letter of Recommendation.**”

Professor’s name

Professor’s signature

Date

Position

Department

Institution

Phone Number

Email

We value your recommendation. Thank you for completing this survey.