

Letter of Recommendation

Please type or print **Foreign Language and Area Studies Fellowship** Deadline: January 15, 2010
 Mailing address: Hagop Kevorkian Center, 50 Washington Square South, Mail Code 2517, New York, NY 10012
 TEL: (212) 998-8877 <kevorkian.center@nyu.edu> FAX: (212) 995-4144

Section I. To be completed by the student:

Last Name:		First Name:	
Address:			
Daytime phone:	Email:	NYU ID #	
Choose one or both:	_____ Summer 2010 application	_____ Academic Year 2010-11 Application	
Circle target language:	Arabic Hebrew Persian Turkish Urdu	Arabic Hebrew Persian Turkish Urdu	
Name and title of Referee			
Referee's School and Department (or other affiliation):			

<p><i>In accordance with provisions of the Federal Education and Privacy Act of 1974, enrolled students at New York University have the right to see their letters of recommendation unless they explicitly waive that right.</i></p> <p>___ I waive my right to access to this recommendation. ___ I do not waive my right to access to this recommendation.</p>	
Applicant's signature	Date

Section II. To be completed by the referee

FLAS fellowships are awarded competitively on the basis of academic merit. Please assess the student's academic performance to date and his or her potential as a student of the Middle East. If applicable, please assess the student's demonstrated ability in the target language noted above and/or your judgment of the student's skills at language acquisition. You may use a separate sheet of paper if necessary.

Referee's signature	Date
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