



**RECOMMENDATION FORM 1**

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Name

\_\_\_\_\_

First

Middle

Last

Under the Family Education Rights and Privacy Act of 1974, students participating in the Summer Dialect Research Project (SDRP) have access to their program files, but can waive the right to access. If you wish to waive the right to examine this evaluation at a later date, please sign here.

Applicant's signature

Date

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**TO BE COMPLETED BY THE EVALUATOR**

An application for admission to the SDRP requires evaluations from two individuals who are capable of judging the academic promise and recent performance of the applicant.

**Please return this evaluation to the applicants in a sealed envelope with your signature written across the seal**, in time for the applicant to meet the following deadline: April 1, 2007. If you prefer to send it separately, the evaluation should be sent to the following address:

**Summer Dialect Research Project Coordinator  
Center for the Study of African American Language  
310 South College, 150 Hicks Way  
Amherst MA 01003**

http:// www.umass.edu/ csaal/  
Phone: 413-545-0885

email: [csaal@hfa.umass.edu](mailto:csaal@hfa.umass.edu)  
Fax: 413-545- 2792

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Please print or type:

Evaluator's Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How does the applicant compare with her or his peer group in academic ability?

- 
- Truly exceptional  
*(rarely seen)*
- Outstanding  
*(comparable to best in class)*
- Well above average  
*(Top 25%)*
- Above Average  
*(high ability)*
- Average  
*(able)*
- Below average

Inadequate opportunity to observe

EVALUATION OF THE APPLICANT (Applicant's Name: \_\_\_\_\_)

What particularly qualifies this student to participate in the Summer Dialect Research Project? Information about accomplishments in research or independent projects will be particularly helpful, as well as comments that speak to the characteristics the student displays related to her or his academic/ personal goals and activities. **(You may attach your comments on letterhead. If you choose to do so, please make sure to fill out the front of this evaluation and attach it to the letterhead, and sign the letter.)**

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Evaluator's Signature

Date

**RECOMMENDATION FORM 2**

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Name \_\_\_\_\_

First

Middle

Last

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Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

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Fax: 413-545- 2792

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Please print or type:

Evaluator's Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How does the applicant compare with her or his peer group in academic ability?

- Truly exceptional  
*(rarely seen)*
- Outstanding  
*(comparable to best in class)*
- Well above average  
*(Top 25%)*
- Above Average  
*(high ability)*
- Average  
*(able)*
- Below average

Inadequate opportunity to observe

EVALUATION OF THE APPLICANT (Applicant's Name: \_\_\_\_\_)

What particularly qualifies this student to participate in the Summer Dialect Research Project? Information about accomplishments in research or independent projects will be particularly helpful, as well as comments that speak to the characteristics the student displays related to her or his academic/ personal goals and activities. **(You may attach your comments on letterhead. If you choose to do so, please make sure to fill out the front of this evaluation and attach it to the letterhead, and sign the letter.)**

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Evaluator's Signature

Date