



CSAAL: CENTER FOR THE STUDY OF AFRICAN AMERICAN LANGUAGE SUMMER DIALECT RESEARCH PROJECT

APPLICATION FORM (New Deadline April 11, 2011)

NAME: _____

Currently Enrolled at: _____

Current Major: _____

Career Interests: _____

Phone & Email: _____ / _____

Mailing Address: _____

Current year in college: Freshman Sophomore Junior Senior

When do you expect to graduate? _____

Citizenship or residency status: U.S. Citizen Permanent Resident

(Program requirements limit SDRP to U.S. citizens or permanent residents)

Female Male

Race and Ethnicity (optional): _____

Briefly describe an area of research related to African American Language that you might be interested in pursuing.

List names, positions, addresses, and telephone numbers of two references:

Name _____

Name _____

Address _____

Address _____

Position _____

Position _____

Email _____

Email _____

Phone _____

Phone _____

On a separate sheet, describe briefly (approx. 300 words) your educational background and goals, especially in linguistics or language-related fields. Include any research experience you have had.

Send this completed application, your personal statement, two letters of recommendation in envelopes sealed and signed by the recommender, and an official transcript to:

Lisa Green
CSAAL, Summer Dialect Research Project
Department of Linguistics
226 South College
University of Massachusetts
150 Hicks Way

email: csaal@hfa.umass.edu
[http:// www.umass.edu/ csaa/](http://www.umass.edu/csaa/)

Phone: 413-545-0885
Fax: 413-545- 2792

RECOMMENDATION FORM 1

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

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 8, 2009. If you prefer to send it separately, the evaluation should be sent to the following address:

Lisa Green
CSAAL, Summer Dialect Research Project
Department of Linguistics
226 South College
University of Massachusetts
150 Hicks Way
Amherst, MA 01003-9274

[http:// www.umass.edu/ csaal/](http://www.umass.edu/csaal/)
email: csaal@hfa.umass.edu
Phone: 413-545-0885
Fax: 413-545- 2792

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

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.)**

Evaluator's Signature

Date

RECOMMENDATION FORM 2

Name

First

Middle

Last

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Applicant's signature

Date

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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.)**

Evaluator's Signature

Date