

RECOMMENDATION FORM
THE AMERICAN SCHOOL OF CLASSICAL STUDIES AT ATHENS
M. Alison Frantz Fellowship 2009-2010 

INSTRUCTIONS TO THE APPLICANT: SIGN WAIVER BY CLICKING THE SIGNATURE BUTTON, SAVE AS PDF, AND SEND TO THREE RECOMMENDERS.

NAME OF APPLICANT _____

Waiver of Right of Access to Confidential Statements:

In accordance with the Family Education Rights and Privacy Act of 1974, I waive my right to review this letter. I have read, understood, and agree with this statement. By checking the signature box, I am affixing my signature, which signature is contractually binding, represents my knowing waiver, and has the same legal force and effect as an actual original hand-produced signature.

Applicant's signature Date (mm/dd/yy) _____

Applicant's telephone # or e-mail _____

If the applicant does not sign this waiver, the law specifically reserves to the applicant the right of access to this letter.

INSTRUCTIONS TO THE RECOMMENDER:

The Committee on the Gennadius Library would appreciate your frank appraisal of the above-named applicant who has listed you as a reference. If possible, include the following information on institutional letterhead: the length and nature of your acquaintance with the candidate; intellectual abilities and motivation; academic accomplishments and shortcomings as observed by you; the specific benefits the candidate would derive from a year at the School at this point of his or her career; character, in particular as regards the candidate's physical and emotional stability as a member of the School community. It would also be useful to the Committee if you could rate the candidate by comparison with students at the School whom you have known in the past or with other present applicants.

Please return this form to application@ascsa.org as a pdf attachment along with your letter of recommendation, sent as an e-mail or an attachment, by JANUARY 15, 2009.

Address the letter to:
Professor John Papadopoulos
Chair, Committee on the Gennadius Library
ASCSA
6-8 Charlton Street
Princeton, NJ 08540-5232

Name _____

Institution _____

Position _____

Please provide telephone, fax, or e-mail _____