

RECOMMENDATION FORM
THE AMERICAN SCHOOL OF CLASSICAL STUDIES AT ATHENS
2010 Summer Sessions 

INSTRUCTIONS TO THE APPLICANT: SIGN WAIVER BY CLICKING THE SIGNATURE CHECKBOX, CLICK THE "SAVE FORM" BUTTON TO 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 (check here) _____ 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 Summer Sessions would appreciate your frank appraisal of the above-named applicant who has listed you as a reference. In addition to your evaluation of the applicant's academic and personal qualifications for participation in the Summer Program of the School, the Committee would appreciate any pertinent comments on the candidate's stamina for undertaking the strenuous schedule of travel which entails walking and climbing in Mediterranean heat for the better part of a day, and how well the candidate would function in a small group.

Please return this form by JANUARY 15, 2010 to ssapplication@ascsa.org as a pdf attachment along with your letter of recommendation, sent as an attachment, preferably a pdf, but a word document or the equivalent is fine.

Address the letter to:

Professor Christina A. Salowey
Hollins University
Department of Classical Studies
P.O. Box 9733
Roanoke, VA 24020-1733

Name _____

Institution _____

Position _____

Please provide telephone, fax, or e-mail _____

Save this form on your computer using the applicant's name. Attach the form and your letter of recommendation to an e-mail message and send to ssapplication@ascsa.org. Use Adobe Acrobat Reader version 7 or later to complete this form.

DO NOT USE "PREVIEW" (THE MACINTOSH APPLICATION) TO FILL OUT THIS FORM.