PART IV
FOREIGN LANGUAGE RECOMMENDATION

(To be completed by the student)

FALL 2016 ☐ SPRING 2017 ☐ FULL YEAR 2016-17 ☐ FULL YEAR 2016-17 ☐ (same program) (different programs)

Student's name: ________________________________

Major department(s): _____________________________________________

Correlate(s): __________________________________________________

JYA Program ________________________________

Proposed Country of Study _________________________________________

TO BE COMPLETED BY THE LANGUAGE INSTRUCTOR

1. Please rate the applicant's current level of foreign language ability:

Aural Comprehension: ☐ Understands simple conversation
☐ Understands conversation on simple academic subjects
☐ Understands sophisticated discussion of academic topics

Speaking Ability: ☐ Uses basic grammatical structure, with limited vocabulary
☐ Adequate to handle conversational subjects
☐ Can handle a wide range of conversational situations

Reading Ability: ☐ Limited to simple vocabulary and sentence structure
☐ Understands materials containing idioms and specialized terminology
☐ Understands sophisticated materials including field of study

Writing Ability: ☐ Writes in simple sentences on conventional topics
☐ Writes on academic topics with some errors in structure and spelling
☐ Writes with idiomatic ease of expression and feeling for the style of the language

2. What is your opinion of the student's ability to pursue university-level course work in this language?

☐ Should be able to manage adequately after two additional courses.
☐ Should be able to manage adequately after one additional course.
☐ Should be able to manage adequately after a short period of adjustment abroad
☐ Should have no difficulty from the start

3. I would recommend this student ☐ without reservation ☐ with some reservation

4. Please use the space below to comment on specific areas of strength or weakness, either academic or personal, that the Committee on Leaves and Privileges should consider while reviewing this student’s application. Attach separate sheet of paper if more room is needed.

Name: (please print) ________________________________ Title: ________________________________ Date: ________________________________

Please return the completed form by Friday, December 11, 2015 to the Office of International Programs, MN 173 or mail to Campus Box 730.