**The University of Michigan**

**Center for Japanese Studies Fellowships**

**Language Evaluation Form**

**Deadline: January 20**

**Please return this form and the letter of recommendation to:**

Academic Services Coordinator You may also fax or email this form and letter to:

Center for Japanese Studies Fax: (734) 936-2948

University of Michigan Email: cjsacademics@umich.edu

1080 South University Ave., Suite 4640 If you hand this form and letter to the applicant for delivery to CJS,

Ann Arbor, MI 48109-1106 please put in a sealed envelope with your signature across the flap.

**Section to be Completed by the Applicant**

This language evaluation is to be used for (check all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **CJS Summer Fellowship** |  | **CJS Academic Year Fellowship** |  | **FLAS Fellowship** |

To fill out this section, click in the shaded area and type the requested information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant Name | [Last Name, First Name Middle Name] | | | UMID |  |
| Recommender’s Name |  | | | | |
| Recommender’s Title |  | | | | |
| Recommender’s Department & Institution | |  | | | |
| Check one:  I waive my right to inspect this recommendation. | | | I do not waive my right to inspect this recommendation. | | |
| Applicant Signature | [Please type your full legal name in the space above.] | | | Date |  |

**Section to be Completed by the Language Instructor**

**Instruction to the recommender**: Please note that with the exception of the shaded response areas, this form is locked to prevent accidental changes to the document. The student whose name appears above is applying for a fellowship from the Center for Japanese Studies for next Summer and/or Academic Year. These fellowships, awarded on a campus-wide, merit-based competition, provide tuition and stipend and/or research support for students studying Japanese language and Japanese Studies. To help the selection committee in assessing the student’s candidacy, please complete the following:

If this evaluation is not based primarily on courses taught to the applicant, please indicate how your evaluation was determined (e.g., by proficiency test, through daily contact, etc.): [Please click once in the shaded area and type your response, and keep its length to the box below.]

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|  |

Please provide the following information on language courses you have taught to the applicant. [Please click once in the shaded are and type your response. The area will expand with the amount of text as needed.]

|  |  |  |
| --- | --- | --- |
| Course Title/Language Level | # Weeks in Course & Contact Hours/Week | Textbook or Teaching Materials |
|  |  |  |
|  |  |  |
|  |  |  |

Please rate the applicant on the following language skills in comparison with others whom you have known at similar stages in their careers by typing the letter X in the appropriate gray area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Poor | Fair | Good | Excellent | Fluent |
| Speaking and Listening | | | | | | |
|  | Listening Comprehension |  |  |  |  |  |
| Fluency of Self Expression |  |  |  |  |  |
| Vocabulary Control |  |  |  |  |  |
| Pronunciation |  |  |  |  |  |
| Reading | | | | | | |
|  | Grasp of Grammar |  |  |  |  |  |
| Knowledge of Vocabulary |  |  |  |  |  |
| Reading Speed |  |  |  |  |  |
| Writing | | | | | | |
|  | Vocabulary Control |  |  |  |  |  |
| Control of Sentence Structure |  |  |  |  |  |

Please indicate any special linguistics strengths or weaknesses. [Please click once in the shaded area and type your response, and keep its length to the box below.]

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|  |

**Please write a statement** evaluating the applicant’s strengths and weaknesses, taking into account his/her seriousness of purpose, potential for high academic achievement, as well as significance of language and area studies on his/her training and career goals. You may type (or cut/copy and paste) the text below, or prepare the statement in a separate document. When you have completed the statement, please save this file as a Microsoft Word 2010 document (.docx) and email as an attachment, or print and fax this form to the Center as specified at the top of this form. Please remember to send your recommender letter together if it is prepared in a separate file. Application deadlines vary by fellowship type and are indicated at the top of this form. Thank you very much for your cooperation. Application deadlines vary by fellowship type and are indicated at the top of this form; all application materials must **arrive** at the Center by the deadline.

[Please click once in the shaded area and type your recommendation statement or cut/copy and paste your recommendation letter. You may write as little or as long as you wish. Alternatively, you may prepare your recommendation letter in a separate file.]