

**UNIVERSITY OF WASHINGTON**  
**SEATTLE, WASHINGTON 98195-3521**  
*Department of Asian Languages and Literature 353521*  
*Telephone number: 206-543-4996/ Fax number: 206-685-4268*

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**TO THE APPLICANT:** This page should be given to a professor who is able to comment on your qualifications for graduate study in the Department. If you have been out of college or university for some time, the form may be given to some other person who is able to comment on your academic qualifications. For the convenience of the respondent, please complete the four lines immediately below and request that he or she return it in a **sealed** envelope to you for inclusion in your application. Respondents may, if they choose, mail letters of recommendation directly to the Department.

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

FIELD OF SPECIAL INTEREST: \_\_\_\_\_

NAME OF PERSON WHO  
WILL COMPLETE THIS FORM: \_\_\_\_\_

When completed by the respondent and returned to the Department of Asian Languages and Literature, this page will be held in confidence from the public. You may voluntarily waive your right to inspect the completed form. If you wish to do so, you should sign the following waiver:

I understand that this completed form will be held in confidence from me and from the public by the Department of Asian Languages and Literature, University of Washington. Accordingly, I hereby waive any and all rights to inspect the completed form under the Family Educational Rights and Privacy Act of 1974.

DATE: \_\_\_\_\_ APPLICANT'S NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

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**TO THE RESPONDENT:** This page is submitted to you for your appraisal of the applicant's qualifications for graduate study in this Department. **Please write on the reverse side, or, if you prefer, attach a separate letter.** If possible please compare the applicant with other students whom you know to have studied in this Department, or who are now applying to do so. If the applicant has not signed the above release, he or she may, on request, see the completed statement after it has been received by the Department.

The completed form should be sent to the Graduate Program Coordinator, Department of Asian Languages and Literature, Box 353521, University of Washington, Seattle, WA 98195.

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SIGNATURE OF RECOMMENDER: \_\_\_\_\_ TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_ DATE: \_\_\_\_\_