

GONZAGA-IN-PARIS LANGUAGE RECOMMENDATION



Return to Gonzaga University Study Abroad, 323 E. Boone Ave. or mail to AD Box 85
 • (800) 440-5391 • (509) 313-3549 • (509) 313-5987 fax • www.GoAbroadZAGS.org • studyabroad@gonzaga.edu

TO THE STUDENT: Complete and sign this section before giving the recommendation to a faculty member in the French department. They may return this form to you or Study Abroad in a signed, sealed envelope.

_____ CLASS STATUS FR SO
 FIRST NAME MIDDLE NAME LAST NAME GU ID JR SR
 _____ @ZAGMAIL.GONZAGA.EDU TERM APPLYING TO: FALL 2012 SPRING 2013
 PHONE EMAIL ACADEMIC YEAR 2012-2013

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purposes for which it was prepared (check one): YES NO

 STUDENT SIGNATURE DATE

TO THE RECOMMENDER: The above student has applied for the Gonzaga-in-Paris program, which is a fully accredited program of Gonzaga University tailored to the needs of Gonzaga students. The program is fully overseen by the faculty of the Gonzaga University French program and the Study Abroad office. Gonzaga-in-Paris seeks students who are strongly committed to improving their French language skills and are interested in integrating into French culture. Students who participate in this program are generally expected to have completed a fourth semester of college level French.

As a faculty member of the French department, you have been designated by the applicant to provide a recommendation. Your confidential report of this student's academic background, intellectual ability, and maturity will help us in the selection process.

Please evaluate this student's French language abilities. The chart is based on guidelines designed by the American Council on the Teaching of Foreign Languages. Please indicate whether you are basing your evaluations of the student on the ACTFL Proficiency test or class work. ACTFL Proficiency Test _____ Class work, tests, etc. _____

Level		Speaking	Reading	Listening	Writing
Novice	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Plus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superior		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No knowledge of applicant's ability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add any information (in addition to the chart) you believe necessary to fully evaluate the student's linguistic competency.

How long and in what capacity have you known the applicant?

Would you invite this student on the program if you were the director?
 Yes _____ No _____

What is the applicant's intellectual ability and academic motivation?

Are there any special considerations of which we should be aware?

Does the applicant demonstrate a consistently high level of social and personal maturity? Please explain.

This applicant is:
 Highly Recommended _____ Recommended _____
 Recommended with Reservation _____ Not Recommended _____

Would this student make a satisfactory personal and social adjustment to living in France for a year or semester?

 NAME POSITION

 SIGNATURE DATE