

Washington University
Summer Language Institute in Italy
Recommendation Form

Request for recommendation from _____

for Applicant _____

The statement below will serve as recommendation on this applicant's intellectual potential and also his/her ability to live for six weeks in Castelraimondo.

In requesting the reference below which may be used on my behalf for admission to the Summer Language Institute in Italy,

_____ I have waived my right to access to this recommendation.

_____ I have retained my right of access to this recommendation
under the Family Educational Rights and Privacy Act of 1974.

Applicant's signature _____

date _____ Signature _____

Name (print or type) _____

Title _____

This form should be sent to:

Professor Iva Youkilis
Summer Language Institute in Italy
Department of Romance Languages and Literatures
Campus Box 1077
Washington University
One Brookings Drive
St. Louis, MO 63130-4899