



RECOMMENDATION FORM
THE AMERICAN SCHOOL OF CLASSICAL STUDIES AT ATHENS
Senior Associate Membership and Senior Fellowships

INSTRUCTIONS TO THE APPLICANT: SIGN WAIVER BY CLICKING THE SIGNATURE CHECKBOX, CLICK THE "SAVE FORM" BUTTON TO SAVE AS PDF, AND SEND TO RECOMMENDER(S)
 (follow instructions outlined by program).

NAME OF APPLICANT _____

Waiver of Right of Access to Confidential Statements:

In accordance with the Family Education Rights and Privacy Act of 1974, I waive my right to review this letter. I have read, understood, and agree with this statement. By checking the signature box, I am affixing my signature, which signature is contractually binding, represents my knowing waiver, and has the same legal force and effect as an actual original hand-produced signature.

Applicant's signature (check here) _____ Date (mm/dd/yy) _____

Applicant's telephone # or e-mail _____

If the applicant does not sign this waiver, the law specifically reserves to the applicant the right of access to this letter.

RECOMMENDER INFORMATION

The Committee would appreciate your frank appraisal of the above-named applicant who has listed you as a reference. If possible, include the following information on institutional letterhead: the length and nature of your acquaintance with the candidate; intellectual abilities and motivation; academic accomplishments and shortcomings as observed by you; the specific benefits the candidate would derive from a term at the School at this point of his or her career; character, in particular as regards the candidate's physical and emotional stability as a member of the School community.

Please return this form to application@ascsa.org as an attachment along with your letter of recommendation, sent as an e-mail or an attachment, by JANUARY 15, 2010.

Address the letter to:

Committee Chair
 American School of Classical Studies at Athens
 6-8 Charlton Street
 Princeton, NJ 08540

Name _____

Institution _____

Position _____

Please provide telephone, fax, or e-mail _____

Save this form on your computer using the applicant's name. Attach the form and your letter of recommendation to an e-mail message and send to application@ascsa.org.