



LANGUAGE TEACHER'S REFERENCE FORM

APPLICANT'S NAME

SEMESTER(S) APPLYING FOR

I am applying to the following program(s):

- | | |
|--|---|
| <input type="checkbox"/> Intensive Chinese Language in Beijing | <input type="checkbox"/> History of Art & Italian Studies in Florence |
| <input type="checkbox"/> January Term Chinese Language in Beijing | <input type="checkbox"/> History of Art & Italian Studies in Siena |
| <input type="checkbox"/> Chinese Studies & Service- Learning in Beijing | <input type="checkbox"/> Intensive Italian Language & Culture Studies in Sicily |
| <input type="checkbox"/> Chinese Studies & Internship in Shanghai | <input type="checkbox"/> Jewish Studies in Prague |
| <input type="checkbox"/> Intensive Chinese Language in Harbin | <input type="checkbox"/> Central European Studies in Prague |
| <input type="checkbox"/> Summer Intensive Chinese Language in Kunming | <input type="checkbox"/> Film Production in Prague |
| <input type="checkbox"/> Middlebury School in China- Beijing, Hangzhou, Kunming | <input type="checkbox"/> Photography in Prague |
| <input type="checkbox"/> Vietnamese Studies & Service Learning in Ho Chi Minh City | <input type="checkbox"/> New Media in Prague |
| <input type="checkbox"/> Intensive Japanese Language & Culture Studies in Osaka | <input type="checkbox"/> Crossroads of Islam, Judaism and Christianity in Ávila |
| <input type="checkbox"/> Intensive Arabic Language & Culture Studies in Aleppo | |

_____ I waive my right to inspect the contents of the following reference.

_____ I do not waive my right to inspect the contents of the following reference.

APPLICANT'S SIGNATURE

DATE

The applicant named above is applying to study in one of CET's academic programs. Your recommendation will help determine whether the applicant is accepted into the program and at what level. Please feel free to call CET at 1-800-225-4262 if you have any questions about this form.

1. Please rate the applicant in comparison to his/her classmates or peers according to the following characteristics:

	top 5%	top 15%	top 30%	top 50%	bottom 50%	don't know
Emotional Maturity						
Social Maturity						
Motivation						
Adaptability						
Cooperation						
Patience						
Articulation						
Politeness						
Self-reliance						
Self-image						

2. How familiar are you with the applicant and for how long (Attach a separate sheet if necessary)?

3. What is your overall evaluation of the applicant with regard to academic aptitude? Ability to adjust to living in another culture? Overall? (Attach a separate sheet if necessary)

4. Please evaluate the applicant's language proficiency (in the target language) in comparison to other students at the same level.

	Excellent	Good	Fair	Poor
Pronunciation				
Writing Vocabulary				
Reading Vocabulary				
Listening Comprehension				
Grammar				
Tones <i>(For students of Chinese only!)</i>				

SUGGESTED PLACEMENT: Beginning Intermediate Pre-intermediate
 Advanced-Intermediate Advanced Superior

Name: _____ Date: _____

Title: _____

Address: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

**Please fax or mail this form to the CET Academic Programs office at 1920 N Street
NW, Suite 200, Washington, DC 20036; ph: 800-225-4262; fax: 202-342-0317**