

Language Reference Form
BGSU M.A. Program in France or Quebec

I. To be completed by the applicant

Instructions for the applicant. Please complete the first part of this form, and then ask someone acquainted with your proficiency in French to complete the second part. It should be sent to BGSU by the evaluator.

Please check one:

I hereby waive my right of access to this Language Reference form, with the understanding that the document will be used only by the selection committee of the Department of Romance and Classical Studies, BGSU, exclusively for the purpose of evaluating my qualifications for study abroad in BGSU's M.A. programs in French.

I do not waive my right of access to this form.

M. A. programs to which I am applying: 1st year in France Quebec.

Applicant's name (print) _____

Applicant's signature _____ Date _____

To be completed by the evaluator

Instructions for the evaluator. The above person is applying to our M. A. programs, the first year of which takes place at Université François-Rabelais in Tours, France, or at the Université Laval near Quebec City. Your evaluation of the applicant's ability will help us to assess his/her chances for success in our program. Your time and input are appreciated. Please complete the sections below, and then send the form to:

Graduate Coordinator/ French
Department of Romance and Classical Studies
Bowling Green State University
Bowling Green, OH 43403-0215

1. Please indicate what your evaluation is based on:

course work

other (please explain): _____

2. Please rate each skill according to the ACTFL guidelines. If you prefer to comment globally, see #3 below).

speaking ability

reading ability

listening ability

3. If you have observed the applicant in class, please comment on her/his strong and weak points as a language learner and speaker of French.
4. Please make any additional comments you may have concerning the applicant's prospects for success in our program, particularly during the first year (abroad).

5. Evaluator's information

Name _____ Email _____

Position and institution _____ Tel _____

Signature _____ Date _____