

Visiting Associate

CONFIDENTIAL RECOMMENDATION

Candidate's name _____

Name of Referee
Position
Address
Telephone number Fax
E-mail

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1. How long have you known the candidate, how well, and in what capacity?

 2. **The candidate:** Please give a brief assessment of strengths and weaknesses as you see them.

 3. **The visit:** Please explain your support for the candidate's visit and how it conforms to the criteria for receipt of a Fellowship.

 4. Are there any personal factors known to you, including financial ones, that the Fellowship Committee should know about?

 5. Would you regard the applicant as an outstanding candidate for an Award?

6 Signature	Date	Departmental stamp if applicable
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