



IMPORTANT: USE BLACK TYPEWRITER RIBBON ONLY

**APPLICATION FOR STUDY IN THE UNITED STATES OF AMERICA
AND FOR A FELLOWSHIP, SCHOLARSHIP, ASSISTANTSHIP OR OTHER EDUCATIONAL GRANT**

CONFIDENTIAL LETTER OF REFERENCE

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study. *This letter must be typewritten and in English. If not in English, then an accurate translation must be attached.*

NAME OF APPLICANT:

COUNTRY:

NAME OF REFEREE: _____

I. HOW LONG HAVE YOU KNOWN THE APPLICANT?

II. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Teacher or Professor Employer or Job Supervisor Research Adviser Other (Please specify) _____

III. PLEASE PROVIDE A CANDID EVALUATION OF THE APPLICANT'S PAST PERFORMANCE AND ABILITY TO PURSUE AND SUCCESSFULLY COMPLETE A PROGRAM OF STUDY IN THE PROPOSED FIELD. Your statement will be given considerable importance by the U.S. universities reviewing this student's application and should, therefore, be as complete and detailed as possible. Your comments should be continued on the following page if more space is required.



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COUNTRY:

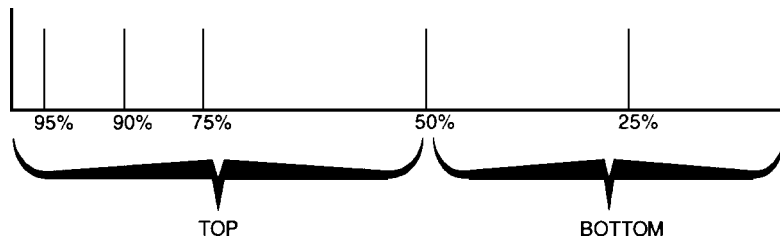
CONFIDENTIAL LETTER OF REFERENCE (Continued)

III. EVALUATION OF APPLICANT (Continued)

IV. IN THIS RATING CHART, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER STUDENTS WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation to Pursue Graduate Study				
Seriousness of Purpose				
Potential For Significant Future Contribution in Field				
Resourcefulness and Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Teaching Potential				

V. PLEASE INDICATE WHERE THE APPLICANT WOULD RANK AMONG STUDENTS CURRENTLY OR RECENTLY IN YOUR DEPARTMENT.



NAME (print): _____ TITLE: _____

INSTITUTIONAL AFFILIATION OR BUSINESS FIRM (if applicable): _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN DIRECTLY TO THE SELECTION COMMITTEE IN THE APPLICANT'S COUNTRY OR TO THE CULTURAL AFFAIRS OFFICER OF THE U.S. DIPLOMATIC MISSION IN THE APPLICANT'S COUNTRY. UNDER NO CIRCUMSTANCES SHOULD THE COMPLETED FORM BE RETURNED TO THE APPLICANT.

NOTE: Either IIE or the Pedro Barrié de la Maza Foundation cannot guarantee this letter's confidentiality once it becomes part of a university's records.