

**Open Society Scholarship Programs**

**2014 DISABILITY RIGHTS SCHOLARSHIP PROGRAM**

**Deadline: Received by January 13, 2014**

**RECOMMENDATION FORM INSTRUCTIONS**

Applicants for the Disability Rights Scholarship Program are required to submit three recommendations from professors, employers, supervisors, or lecturers. Your candid, honest responses on the recommendation form provided here will greatly assist in the selection process and help to ensure that successful candidates are placed in programs at host universities that best meet their academic goals.

Please note that universities consider letters of recommendation very seriously in evaluating applications, so please take the time to provide detailed answers.

Recommenders should note the following guidelines:

* Recommendations written in a language other than English must be accompanied by an English translation. Applicants may not certify their own translations.
* Recommendations from individuals outside academia (employers, etc.) should write or mark “unable to judge” for those questions that relate to purely academic issues.
* When possible, recommendation letters should be returned to the applicant in signed, sealed envelopes in time for the applicant to return them with his/her full application to program offices by deadline of **January 13, 2014.**
* Recommendations may be completed electronically and submitted to the program office via e-mail or fax in order to meet the deadline, but an original *signed* hardcopy version must be submitted as soon as feasible for follow-up.
* To address any questions or concerns regarding recommendations, please contact program staff. We appreciate your taking the time to assist this applicant

**Residents of Ghana, Kenya, Malawi, Mozambique, Tanzania, Zambia, Zimbabwe:**

**Centre for Human Rights**

**(c/o Mr. Jehoshaphat Njau)**

**Faculty of Law, University of Pretoria**

**Pretoria, 002, South Africa**

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RECOMMENDATION

Applicant’s Personal Information

**Family Name:       Given Name(s):**

**Field of study:**

Recommendation

To be completed by a lecturer, professor, employer, or supervisor who is familiar with the applicant.

Please complete the following form. Your candid, honest response will assist in selecting successful candidates and placing them in programs that best meet their personal and academic requirements.

**Name and Title of Referee:**

**Academic Affiliation or Place of Employment**:

**Work Telephon*e:***

**E-mail:**      

In what capacity, and for how long, have you known the applicant?

Please list the courses you have taught the applicant, if applicable.

|  |  |  |
| --- | --- | --- |
| Course | Year | Applicant’s grade |
|  |  |  |
|  |  |  |

Please comment on the applicant's ability to contribute to the development and reform of disability rights law and advocacy.

How do you think the applicant will benefit from studying in a graduate program in Law?

**Overall Evaluation**

Compared to other people you have taught or employed, how would you rank the applicant in the following terms?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Poor | Unable to Judge |
| Leadership |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Creative/Independent thinking |  |  |  |  |  |
| Effective communication skills |  |  |  |  |  |
| English (or French) language skills |  |  |  |  |  |
| Respect for others |  |  |  |  |  |
| Academic success |  |  |  |  |  |
| Leadership Qualities |  |  |  |  |  |

**Overall, how would you rate this applicant?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | One of the top students/ employees I have encountered | Good | Average | Poor | Unable to Judge |
|  |  |  |  |  |  |

**Please use this space for any additional comments you would like to make about the applicant:**

**CERTIFICATION**

By typing my name and submitting this recommendation, I certify that the information given in this letter is complete and accurate. I also understand that I will need to submit a signed, hardcopy version of this recommendation as soon as feasible.

Name:       Date: