



Walter H. Judd International Graduate & Professional Fellowships

Adviser Recommendation 2009-10

To be completed by the student

Please complete this section and give the form to your adviser.

Student's name _____

Major field _____ Degree program _____

The applicant may voluntarily waive the right to inspect letters of recommendation for financial support, thus assuring the recommender that the letter will remain confidential. The applicant may decline to sign the waiver.

I voluntarily waive the right to inspect the attached confidential letter of recommendation.

Applicant's signature _____ Date _____

To be completed by the adviser

The above named student is applying for the Walter H. Judd International Graduate & Professional Fellowship and has named you as a recommender. These awards are designed to support the continued internationalization of the University of Minnesota by providing critical assistance to students enrolled in graduate and professional degree programs and to increase opportunities for students to study, undertake internships, increase their exposure to other cultures, and conduct research projects abroad. Walter H. Judd was a physician who devoted his life to public service and international awareness, serving as a medical missionary to China, lecturer on public affairs, and congressman from Minnesota.

Please prepare a letter that addresses the following, as applicable:

- The student's past academic performance
- Feasibility of the project or proposed study
- Contribution the student will make to the agency where the proposed activity will take place
- Likelihood of the applicant to benefit from the international experience
- Significance of the student's project to his or her professional development

*Please attach your letter to this form and return it by **noon on Monday, February 9, 2009.***

Ms. Meaka Henningsen
Office of International Programs
100 University International Center
331 17th Avenue Southeast
Minneapolis, MN 55414
Telephone: 612-626-9123

To be completed by the adviser

Anticipated date of completion of degree requirements:

Month _____ Year _____

Signature _____