

THE SAUL KAGAN FELLOWSHIP IN ADVANCED SHOAH STUDIES RECOMMENDATION QUESTIONNAIRE

Please complete and submit this form to the Fluxx portal system link that was emailed to you, along with a dated letter of recommendation on your university letterhead. Thank you.

Name of Applicant:	
Name of Professor: (If this form is not in the body of your recommendation letters)	ter, please sign below:)
Professor's Signature:	Date:
 Please rank the candidate from 1 to 10 (with 10 being the best) for: a) Intellectual ability: b) Responsibility and commitment: c) Analytical thinking skills/scope: d) Preparation relative to his/her thesis topic: e) Knowledge of Holocaust history: f) Capable of completing the research on schedule: Describe how the applicant's research makes an important and original contribution to Holocaust studies. 	
3. Please add a short statement on the candidate's strengths and weaknesses.	
Thank you!	