



RECOMMENDATION FORM
Semester & Summer Study Abroad Programs

Program:

Term Applied For:

To Be Completed by Applicant

Name:

Name of Reference:

I hereby waive my rights to access this recommendation.

Signature of Applicant: _____ Date: _____

To Be Completed by Professor / Professional Reference

How long and in what capacity have you known the applicant?

Please rate the applicant's: very high high average low

Academic capacity

Ability to interact well with others

Emotional stability and maturity

Motivation for study abroad

Do you think the applicant will do well in a foreign program? Why or why not?

Your recommendation and any additional remarks to help assess the applicant (Please use the reverse side or another sheet of paper, if necessary):

Signature: _____ Position: _____ Date: _____

Institution: _____ Email address: _____ Phone: _____

****Please submit this form via mail in a sealed and signed envelope, or scan and email. Thank you. ****



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To Be Completed by Acquaintance / Personal Reference

How long and in what capacity have you known the applicant?

Please rate the applicant's: very high high average low

Adaptability to new situations

Ability to interact well with others

Emotional stability and maturity

Cultural sensitivity

Do you think the applicant will do well in a foreign program? Why or why not?

Your recommendation and any additional remarks to help assess the applicant (Please use the reverse side or another sheet of paper, if necessary):

Signature: _____ Relationship: _____ Date: _____

Email address: _____ Phone: _____

****Please submit this form via mail in a sealed and signed envelope, or scan and email. Thank you. ****