

Recommendation for Study Abroad

Institute for Study Abroad Programs
 UW-Platteville
 1 University Plaza
 PLATTEVILLE WI 53818

Fax: 608-342-1736

To the Student: Please complete and sign this section, and give this form to your academic advisor, to a faculty member, or to a teaching assistant who knows you well.

Student's Name: _____ Study Abroad Program: _____

I hereby authorize _____ to complete this recommendation form.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared. Yes No

Student's Signature _____ Date _____

To the Recommender: The student named above is applying for a program of study abroad. Please evaluate this candidate with particular attention to his/her potential for adjusting to the pressures and responsibilities of living and studying abroad. Thank you for your assistance.

1. How long have you known the candidate? Since _____
 In what capacity? Student in large class/lecture Student in small class/seminar Advisee

2. Please rate the candidate in the following areas:

	Unable to Evaluate	Low	Acceptable	Very Good	Excellent
Academic Ability					
Seriousness as a student					
Maturity					
Emotional stability					
Reliability					
Integrity					
Flexibility, adaptability					
Respect for customs, rules and values of others					

3. If you were the director of this study abroad program, would you want this student on your program?
 Recommend without reservation Recommend with reservation Not recommended

4. Additional comments on scholarship, character, or personality:

Recommender's Name:	Position:
Institution:	Telephone:
Signature:	Date: