

# Faculty Recommendation for Study Abroad Scholarship Applicant

Applicant's Name: \_\_\_\_\_

I waive my right to view this recommendation.

I do not waive my right to view this recommendation. \_\_\_\_\_

Student Applicant's Signature

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

\_\_\_\_\_  
\_\_\_\_\_

2) Please place a check in the boxes below that reflects your estimation of the student's ability to deal personally with novel situations and new environments and this student's suitability to deal with a study abroad program. Number 1 represents the best and number 5 the worst.

	<i>best</i>	1	2	3	4	5	<i>worst</i>
Maturity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexibility		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3) Please indicate how the program will serve the student's academic, professional and personal goals (attach additional page if preferred): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Based on my knowledge and assessment of this applicant, I would:

Highly recommend

Recommend with reservations

Recommend

Not recommend

Reference Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date