

Study Abroad & Exchange Programs Academic Recommendation Form

Student Name:		Applica	ation Deadlin	e:				
Program:	Term Applying For:							
U.S. Public Law 90-247 permits a student acce 438(a)(2)(B) allows you to waive your right to recommendation, you must sign below. If you do not sign, you maintain your right to read the	access to speci sign, the lette	ific records. If	you choose to	waive your righ	t of access to	this letter of		
I understand that by signing this form, I ar	n choosing to	waive my ri	ght of access	to this recomr	nendation fo	rm.		
 Student Signature								
TO BE COMPLETED BY THE ACADEMIC RE Name & Title: Institution or Department: Email & Telephone :	FERENCE:							
To the Recommender/Referee: The student names as a student name of the student names and the student names are student names. The student names are student names as a student name names are student names. The student names are student names are student names are student names. The student names are student names are student names are student names. The student names are student names are student names are student names.	assigned work mpt response	r projects, and is greatly app	personal conta reciated.	act outside of tl				
	Below	Average	Above	Very Good	Superior	Not Able		
	Average		Average		-	to Judge		
Verbal Communication Skills								
Written Communication Skills								

Please answer the following prompts: (Attach a separate sheet if needed)

Self-reliance and independence

Motivation and Seriousness of Purpose

Flexibility; Adaptability
Group Participation

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

(OVER)



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nd social stability neede	ed to make necessary	/ adjustments; a	nd c) strengths and	d weaknesses.
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Completed forms can be dropped off, or mailed to: