Study Abroad & Exchange Programs
Academic Recommendation Form

Student Name: ___________________________ Application Deadline: ___________________________
Program: ___________________________ Term Applying For: ___________________________

U.S. Public Law 90-247 permits a student access to certain educational records, including letters of recommendation. Section 438(a)(2)(B) allows you to waive your right to access to specific records. If you choose to waive your right of access to this letter of recommendation, you must sign below. If you sign, the letter becomes confidential and you will not be entitled to read it. If you do not sign, you maintain your right to read the letter.

I understand that by signing this form, I am choosing to waive my right of access to this recommendation form.

_________________________________________         ______________________________________
Student Signature                          Date

TO BE COMPLETED BY THE ACADEMIC REFERENCE:
Name & Title: ___________________________
Institution or Department: ___________________________
Email & Telephone: ___________________________

To the Recommender/Referee: The student named above is applying for the study abroad indicated. Please evaluate the student based on classroom participation, test/quizzes, assigned work projects, and personal contact outside of the classroom. All programs have application deadlines; therefore, your prompt response is greatly appreciated.

Please assess the applicant’s personality and characteristics according to the criteria below:

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<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Very Good</th>
<th>Superior</th>
<th>Not Able to Judge</th>
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<tbody>
<tr>
<td>Verbal Communication Skills</td>
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<td>Written Communication Skills</td>
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<td>Self-reliance and independence</td>
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<td>Flexibility; Adaptability</td>
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<td>Group Participation</td>
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<td>Motivation and Seriousness of Purpose</td>
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Please answer the following prompts: (Attach a separate sheet if needed)

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

(OVER)

Completed forms can be dropped off, or mailed to:
TAMUCC; Office of International Education, UC 226; 6300 Ocean Drive, Unit 5780; Corpus Christi, TX 78412-5780
Or, can be scanned/emailed to: Study.Abroad@tamucc.edu
2. Please indicate your evaluation of the applicant based on a) academic suitability for study abroad; b) maturity and social stability needed to make necessary adjustments; and c) strengths and weaknesses.

Based on your experiences and interactions with this applicant, how likely are you to recommend the applicant for a study abroad program:

___ Without reservations
___ With minor reservations
___ With major reservations
___ I do not recommend the applicant at this time

________________________________________________________________________  _____________________________________________________________________
Signature of Recommender/Referee                                                                                           Date