

# International Education

## Study Abroad Recommendation Form

### Applying for:

Program \_\_\_\_\_ Term \_\_\_\_\_

### Personal information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

University: \_\_\_\_\_

### Check one of the following statements:

 I hereby waive any claim to access to this recommendation, written on behalf of my application to the study abroad program listed above. I **do not** waive any claim to access to this recommendation, written on behalf of my application to the study abroad program listed above.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To the applicant:** Please give this form, together with a stamped, pre-addressed envelope, to your reference.**To the reference person:** The student whose name appears above is applying to study abroad on the above named program. The difficulty and stress of living and studying abroad make it essential for this program to select applicants on the basis of scholarship, character and emotional maturity, as well as on the likelihood that they will be able to perform well and adapt to a foreign setting. Thank you for your cooperation in answering the following questions.

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

2. All participants have strengths and weaknesses which will affect their participation in the program. We would appreciate your candid assessment of the student's strengths and weaknesses:

Strengths:

Weaknesses:

3. How well would you expect the applicant to **adapt** to the pressures and responsibilities of studying and living abroad for an extended period of time?

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4. How would you rate the applicant's class performance in the following areas? (*Academic recommenders only*)

	Excellent	Good	Average	Fair	Poor
Attendance	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Participation	_____	_____	_____	_____	_____
Preparation	_____	_____	_____	_____	_____
Homework	_____	_____	_____	_____	_____
Examinations	_____	_____	_____	_____	_____
Intellectual Curiosity	_____	_____	_____	_____	_____
Self-motivation	_____	_____	_____	_____	_____

5. If applicable, how would you rate this student's foreign language aptitude? (*For students studying on language programs*)

	Excellent	Good	Average	Fair	Poor
Oral expression	_____	_____	_____	_____	_____
Written expression	_____	_____	_____	_____	_____
Aural comprehension	_____	_____	_____	_____	_____
Reading comprehension	_____	_____	_____	_____	_____
Command of grammar	_____	_____	_____	_____	_____
Vocabulary	_____	_____	_____	_____	_____

6. Do you have any additional comments that would contribute to our overall impression of the applicant?

7. If you were the director of the program, would you want this student to be in your program? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Overall assessment:

\_\_\_\_\_ Highly recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Recommend with reservations    \_\_\_\_\_ Do not recommend

Name of reference: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ University/Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**PLEASE SEND THIS COMPLETED FORM TO:**

Office of International Education  
 Alumni Memorial Union, 425  
 MARQUETTE UNIVERSITY  
 P.O. Box 1881  
 Milwaukee, WI 53201-1881

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