



Recommendation for Study Abroad

Applicant must fully complete the top portion of both pages of this form!

Name of Applicant: _____ Study Abroad Program: _____

Student ID Number: _____ Semester/Term Abroad: _____

STUDENT WAIVER STATEMENT: In accordance with the “Family Educational Rights and Privacy Act of 1974,” Davenport University recognizes that students enrolled in Study Abroad Programs have the right to inspect and review all materials in their files *unless* they sign the following statement:

I understand my right under the provisions of PL 93-380.513 as amended 20 US Code Section 1232G et al. to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. This waiver will remain in effect until I notify, in writing, the University, at which time this document will be removed from my file and returned to the author, or until this recommendation is destroyed.

(Signature of Applicant)

(Date)

INSTRUCTIONS FOR THE INDIVIDUAL COMPLETING THE RECOMMENDATION FORM:

THE STUDENT’S APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS RECOMMENDATION. PLEASE RETURN THIS RECOMMENDATION TO THE DU STUDY ABROAD OFFICE (ADDRESS ON BACK OF FORM). IF YOU PREFER, YOU MAY PLACE THIS FORM IN A SEALED ENVELOPE AND SIGN THE BACK FOR SECURITY.

Instructions: The above student is applying for admission to the Study Abroad Program. Study abroad places unusual demands on a student that require a greater degree of adaptability, maturity, sensitivity, academic concentration and self-discipline than is usually necessary on a home campus. We would benefit greatly from your insights about this student’s traits and abilities. If the student has signed the release above, the confidentiality of your comments will be strictly maintained.

How long have you known the applicant?

In what context have you known the applicant?

Name of Applicant: _____ Student ID Number: _____

Please rate the applicant on the traits below; circle the most appropriate number for each trait according to the following scale:

U- Unknown; 1 – Poor; 2 – Fair; 3 – Good; 4 – Excellent

Academic Ability	U 1 2 3 4	Linguistic Ability	U 1 2 3 4
Adaptability	U 1 2 3 4	Intellectual Curiosity	U 1 2 3 4
Ability to Communicate	U 1 2 3 4	Dedication/Seriousness	U 1 2 3 4
Ability to Cooperate	U 1 2 3 4	Self-Reliance	U 1 2 3 4
Emotional Stability	U 1 2 3 4	Ability to Withstand Stress	U 1 2 3 4

What is the applicant's strongest attribute?

What characteristic of the applicant might be a liability?

What is your opinion of this individual's chances for success in this Study Abroad Program?

Considering your overall evaluation of this applicant, what is your recommendation for his or her participation in this Study Abroad Program? (Check one.)

Do Not Recommend Recommend w/ Reservation Recommend Strongly Recommend

Name of Reference: _____ Title: _____

Signature of Reference: _____ Date: _____

E-mail: _____ Phone: _____

Thank you for your time and for your consideration of this student and of the study abroad program.

Please return this form to:
Office of Global Programs / Education Abroad
6191 Kraft Avenue
Grand Rapids, MI 49512