

**LANDMARK COLLEGE STUDY ABROAD PROGRAM**  
**STUDENT RECOMMENDATION FORM FOR ADVISOR**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Study Abroad Program(s) \_\_\_\_\_

Advisor Name \_\_\_\_\_

**Student**, please check one box, sign, and date:

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I waive my right to access this form after it is submitted.

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I do not waive my right to access this form after it is submitted

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

Date: \_\_\_\_\_

**For Advisor to fill out:**

Number of semesters you have known this student: \_\_\_\_\_

On a scale of 1 to 5 (with 1 being the lowest ability and 5 being the highest ability), please rank the student's abilities in the following areas by writing a number from 1 to 5 in the boxes below. Feel free to add a comment if appropriate.

A. Criteria for Selection of Students

Low Ability (1) to High Ability (5)

Comments

- Academic Independence

- Ability to self-advocate

- Ability to complete work in a timely manner

- Punctuality and attendance

- Curiosity

- Ability to organize belongings

- Ability to meet commitments

- Ability to use resources when needed

- Ability to be flexible and to adjust to unfamiliar conditions

- Ability to problem solve in a stressful situation

- Ability to respond maturely & tactfully in social interactions

- Ability to communicate appropriate concerns

- Ability to regulate emotions

- B. COMMENTS:

Putting yourself in the role of a Study Abroad director, what concerns would you have about this student's participation in the program(s) chosen?

What suggestions do you have for how we can support this student's success on Study Abroad?

Signature of Advisor \_\_\_\_\_

Date \_\_\_\_\_

Please check here if you would like the Director of International Education to call you for more information.

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Please return this form to Peg Alden in the Office of International Education (Admin 218)

or send as an attachment to [palden@landmark.edu](mailto:palden@landmark.edu)