



FACULTY RECOMMENDATION FORM

Student Name: _____
First Name Last Name

Program Applying for: _____

TO THE FACULTY/ADVISOR:

Please take the time to fill out this form or provide a letter of recommendation as requested by your student. The following information will help us select students who will be able and willing to gain the most from such an experience. If you choose your own format, please be sure to address the items enumerated below. We appreciate your time and consideration.

GENERAL INFORMATION

Your Name: _____
First Name Last Name

Title: _____ Department: _____

1. Please indicate any classes which the above student has taken from you.

2. If you have not had this student in class, how do you know the applicant?

3. Please briefly describe the most positive aspects, both personally and academically, of the applicant.

4. Please briefly describe reservations, if any, you may have with regards to this student's participation in an overseas program.

5. Final Comments:

Signature: _____ Date: _____

After completing this form or a letter of recommendation, please send it directly to the oIP or email it to the department mailbox at: studyabroad@jmu.edu

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