

LANDMARK COLLEGE STUDY ABROAD PROGRAM

STUDENT RECOMMENDATION FORM FOR RESIDENT DEAN

Student Name _____

Date _____

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

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

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

Signature _____ Date _____

Study Abroad Program _____ RD Name _____

If student is living off campus, please have Sean O'Reilly complete this form.

Number of semesters you have known this student: _____

Please help us to determine the student's appropriateness for the particular trip requested. *Thank you.*

A. Criteria for Selection of Students

Lowest- 1 to Highest- 5

- | | | | | | | |
|---|---|---|---|---|---|-----|
| • Ability to manage time in general | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to organize belongings | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to manage personal hygiene & grooming | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to self-advocate by using resources | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to accept intervention when needed | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to be flexible and to adjust to unfamiliar conditions | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to problem solve in a stressful situation | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to manage an intensive residential setting | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to maintain appropriate social boundaries | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to regulate emotions | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to communicate appropriate concerns | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to compromise and negotiate | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to respect rules & regulations | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to get along with peers | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to function independently | 1 | 2 | 3 | 4 | 5 | N/A |
| • Ability to "close" smoothly at the end of the semester | 1 | 2 | 3 | 4 | 5 | N/A |

B. COMMENTS: *Feel free to elaborate on reverse side.*

Please describe any special residential needs that this student might have.

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 Resident Dean _____

Date _____

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

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

or send as an attachment to: palden@landmark.edu