VITERBO UNIVERSITY – STUDY ABROAD OFFICE ACADEMIC RECOMMENDATION FORM



Student name: ________ Study Abroad Program: _______ Program Term and Year: _______ This form should be given to a professor you have taken a course from in a prior semester at Viterbo University and be returned to Murphy Center 377 by the application deadline. Under the Family Educational Rights of Privacy Act of 1974 (Buckley Amendment), you have the right to access certain educational records, including letters of recommendation. Section 438 (a)(2)(B) allows you to waive your right of access to specific records. If you do waive your right to access this recommendation, this form will become confidential and you will not be entitled to read it. If you do not waive your right, you retain the privilege to view this recommendation. Please check one and sign: I do not waive my right of access to this recommendation. Date Date

TO BE COMPLETED BY THE PROFESSOR:

This student is applying for a Viterbo Study Abroad Program. The Program has high academic standards and requires students with the maturity and self-reliance necessary to adapt to a culture and to educational experiences very different from their own. Please use the questions below to evaluate the student.

Note: The student is entitled to review this reference under the Family Rights and Privacy Act of 1974 (Buckley Amendment) if he/she selected the appropriate box above.

How long and in what capacity have you known this student?

Please give an assessment of the applicant's intellectual and academic strengths and weaknesses.

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Please rate the applicant on the follo	wing charact	eristics:				
	Excellent	Good	Fair	Poor	No opportunity to observe	
Academic ability						
Initiative/Motivation	_	0	0	_	_	
Interpersonal relations and communication skills	_	0	0	0		
Dependability and reliability	_		0	0		
Ability to deal with stress and ambiguity	_	0	0	0		
Critical thinking ability	0	0	0	0		
Flexibility	_		0	0		
I recommend this applicant for partic	cipation in a c	ross cultura	l learning ex	perience:		
Without reservationWith minor	reservations _	With maj	or reservations	I do no	ot recommend	
If not recommended, or recommended with	major reservati	ons, please att	ach reasoning	to this form.		
Printed Name	Posit	PositionDept				
Signature		Date				

Please state your opinion of this applicant's chances for success (both academic and non-academic) in a study abroad program. Keep in mind: academic/personal suitability for study abroad; how an international experience may benefit the applicant; and strengths which you believe the applicant may bring to such an experience.