SHORT-TERM STUDY ABROAD CHECKLIST

☐ Letters of Recommendation
Using the forms at the end of this application, obtain two recommendations from faculty members familiar with your academic work.

☐ Recommender #1: _________________________________
☐ Recommender #2: _________________________________

☐ Transcripts
Your application must be accompanied by copies of all transcripts for academic credits completed or attempted beyond secondary level. Unofficial transcripts are acceptable. Official transcripts may be obtained at the Office of the Registrar.

☐ Statement of Interest
Please submit a typewritten statement (750 words) indicating your academic goals in applying for the program, your qualifications, and the specific course of study you would like to achieve.
RECOMMENDATION FOR STUDY ABROAD

To Be Completed by Applicant:

Program Name __________________________________________

Applicant’s Name __________________________________________

____ I waive my right to review this letter of recommendation.

____ I do not waive my right to review this letter of recommendation.

___________________________________________
Signature of Applicant

________________________
Date

To Be Completed by Faculty Recommender:

1. I have known this applicant as a(n)
   ____ undergraduate student
   ____ graduate student
   ____ other ___________

2. I have served as the applicant’s
   ____ adviser
   ____ teacher
   ____ employer
   ____ other ___________

3. In rating the scales below, please describe the applicant by checking the box which most nearly represents your evaluation. When possible, compare the applicant with a representative group of students who have approximately the same amount of experience and training as the applicant.

   0 – no basis for judgment
   1 – below average
   2 – average
   3 – good
   4 – excellent
   5 – outstanding

   1. ___ self-reliance and independence;
   2. ___ emotional stability and maturity;
   3. ___ flexibility and adaptability in unfamiliar environment
4. Please comment briefly on the applicant’s academic performance.

**RECOMMENDATION:**

- I recommend without reservation as an excellent prospect.
- I recommend this applicant with some reservation.
- I cannot recommend the applicant.

If you did not check the first box, please explain.

Recommender’s Name______________________________________ Telephone_________________
Position/Title_______________________________________________________________________
Institution or Organization____________________________________________________________
Address_______________________________________________________________________

__________________________________________________________________________________

___________________________________________  
Signature  
____________________________  
Date

Please place this form in a business envelope with the applicant’s name and your name on the front. Please seal the envelope and write your signature across the seal. Give the envelope to the applicant to return with his/her completed application packet.
RECOMMENDATION FOR STUDY ABROAD

To Be Completed by Applicant:

Program Name ____________________________________________________________

Applicant’s Name __________________________________________________________

Last First Middle

_____ I waive my right to review this letter of recommendation.
_____ I do not waive my right to review this letter of recommendation.

______________________________________________
Signature of Applicant

Date

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   1 – below average 4 – excellent
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Address____________________________________________________________________________

__________________________________________________________________________________

___________________________________________
Signature

__________________________________________
Date

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