

## VITERBO UNIVERSITY – STUDY ABROAD OFFICE ACADEMIC RECOMMENDATION FORM

### **TO BE COMPLETED BY STUDENT:**

Student name: \_\_\_\_\_ Study Abroad Program: \_\_\_\_\_

Program Term and Year: \_\_\_\_\_

This form should be given to and completed by a professor you have had in a course at Viterbo University prior to this semester. The form can also be completed by your Viterbo University academic advisor, if they are able to adequately address and respond to the questions below. This form is to be returned to Murphy Center 337 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:

**do** waive my right of access to this recommendation.

**do not** waive my right of access to this recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **TO BE COMPLETED BY THE PROFESSOR:**

This student is applying for a Viterbo Study Abroad/Away 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.**

**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.

**Please rate the applicant on the following characteristics:**

	Excellent	Good	Fair	Poor	No opportunity to observe
<b>Academic ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative/Motivation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal relations and communication skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability and reliability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to deal with stress and ambiguity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Critical thinking ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I recommend this applicant for participation in a cross cultural learning experience:**

\_\_\_\_\_ Without reservation    \_\_\_\_\_ With minor reservations    \_\_\_\_\_ With major reservations    \_\_\_\_\_ I do not recommend

*If not recommended, or recommended with major reservations, please attach reasoning to this form.*

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Printed Name \_\_\_\_\_ Position \_\_\_\_\_ Dept \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:** Brianna Rice, Study Abroad Office, Viterbo University, Murphy Center room 337, [bkrice@viterbo.edu](mailto:bkrice@viterbo.edu)