

SOUTHWESTERN UNIVERSITY SUMMER STUDY ABROAD PROGRAM FACULTY RECOMMENDATION FORM

Applicant: Complete top section

NAME _____
Last Name First Name M.I.

PROGRAM: _____ Costa Rica
(check one) _____ Jamaica

Waiver (Optional) I hereby waive my right of access to the material recorded below:

Signature of applicant Date

Respondent: Indicate your judgment of this applicant's qualifications below.

Average or below	Good Above Average	Excellent Top 10%	Outstanding Top 5%		No basis for judgment
				Motivation	
				Self-Confidence	
				Judgment	
				Maturity	
				Responsibility	
				Ability to work with others	

How long and in what capacity have you known the applicant?

Please share any additional comments on the applicant's ability to participate in and benefit from the SU Summer Study Abroad program indicated above. Please bear in mind that study abroad programs require that students be mature, flexible, and able to adjust to new and sometimes difficult situations.

In summary, I would give the following recommendation (circle one): Very Strong Strong Avg. Below Avg.

Respondent's Signature _____ **Date** _____

Name (printed or typed) _____ **Institution** _____

Please return the completed form by February 3, 2012 to:

Southwestern University
 Office of Intercultural Learning
 Prothro Center, Room 231
 P.O. Box 770
 Georgetown, TX 78627
 p: 512-863-1857
 f: 512-863-1535