

SOUTHWESTERN UNIVERSITY LONDON SEMESTER PROGRAM FACULTY RECOMMENDATION

Applicant: Complete top section

1. **Name of Applicant** _____

2. **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 *as compared to other students you have known at Southwestern University.*

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	

Please provide below your general impression and evaluation of the candidate. If you need more space, please feel free to attach additional sheets.

In summary, I would give a: Very Strong Strong Avg Below Avg recommendation.

Respondent's Signature _____

Date _____

Name (*printed or typed*) _____

Please return the completed form by March 2, 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