

GONZAGA UNIVERSITY STUDY ABROAD

ACADEMIC RECOMMENDATION



RETURN TO GONZAGA UNIVERSITY STUDY ABROAD, 323 E. Boone Ave. or mail to AD Box 85
 • (800) 440-5391 • (509) 313-3549 • (509) 313-5987 fax • www.GonzagainFlorence.org • studyabroad@gonzaga.edu

TO THE STUDENT: Complete and sign this section before giving the recommendation to a professor who has taught you in a three credit course. Your professor may return this form to you or Study Abroad in a signed, sealed envelope.

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ GUID _____
 PHONE _____ EMAIL _____ @ZAGMAIL.GONZAGA.EDU CLASS STATUS FR SO JR SR

NAME OF PROGRAM APPLYING TO _____ TERM APPLYING TO: SUMMER 2012 ACADEMIC YEAR 2012-2013
 FALL 2012 SPRING 2013

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purposes for which it was prepared (check one): YES NO

STUDENT SIGNATURE _____ DATE _____

TO THE RECOMMENDER: You have been designated by this applicant to provide a recommendation. Your confidential report of this student's academic background, intellectual ability, and maturity will help us in the selection process. Studying abroad requires constant personal adjustment. Your careful assessment of the student's qualifications will be appreciated. **Please return this form to the student or to Study Abroad in a signed, sealed envelope.**

When and what course(s) did you teach this student?

Are there any special considerations of which we should be aware?

The following categories are intended merely as guidelines. Please check the boxes or use the space provided for comments. We are interested in a complete evaluation of whatever you deem important in describing this student.

	Do not know	Below Average	Average	Above Average	Outstanding
Academic ability					
Academic motivation					
Makes good decisions					
Class attendance					
Maturity					
Respect for faculty					
Respect for students					

Would you invite this student on a program if you were the director? Yes No If no, why?

In light of above, please check one:

- I recommend this applicant without reservation. I have minor reservations about this applicant's participation.
 I do not know the applicant well enough to recommend. I cannot recommend this applicant.

NAME _____ POSITION _____ DEPARTMENT _____

INSTITUTION _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

SIGNATURE _____ DATE _____