



Gonzaga University, Study Abroad
 502 E Boone Ave, Spokane WA 99258-0085
 Tel: (800) 440-5391 or (509) 313-3549
 Fax: (509) 313-5987
 E-mail: studyabroad@gonzaga.edu
www.gonzagainflorenc.org

GONZAGA-IN-FLORENCE

Academic Recommendation

TO THE STUDENT: Please complete and sign this section. Print your name on the reverse side before giving it to your professor. Your professor will return this form to you in a signed, sealed envelope for inclusion in your application packet.

Name: _____ Your School ID#: _____
First Middle Last

College or university: _____ Major: _____

E-mail: _____ Telephone: (_____) _____

Applying for: Academic Year 2009-2010 Fall Term 2009 Spring Term 2010 Engineering Program (Spring Term 2010)

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

Signature: _____ Date: _____

TO THE RECOMMENDER:

This student has applied to study abroad at Gonzaga-in-Florence which is a satellite program of Gonzaga University, a fully accredited four-year Jesuit institution of higher learning based in Spokane, Washington. Our students select their studies from approximately 50 courses per semester (including art, business law, economics, English literature, finance, history, Italian, management, marketing, music, philosophy, political science, religion, and sociology). They also have the opportunity for extended travel in Europe, including an Opening Tour (fall and spring) and a two-week Christmas Tour. Our faculty members from both Gonzaga University and Italian universities have doctorate or terminal degrees.

You have been designated by the 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. Your careful assessment of the student's qualifications on the reverse side will be appreciated.

We invite you to call our office if you have any questions about the student's application or about our study abroad program. *Thank you for your time and cooperation.*

Please return this form to the student in a signed, sealed envelope.

The student's application will remain incomplete until this form is returned.



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Academic Recommendation

Student's Name: _____

TO BE COMPLETED BY A PROFESSOR WHO HAS TAUGHT THIS STUDENT.

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					
Class attendance					
Intellectual maturity					
Respect for faculty					
Respect for students					
Reaction to setbacks					
Ability to adjust					
Social skills					

Would you invite this student on a program if you were the director? Yes 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.

Complete and return this form to the student in a signed, sealed envelope.

Name: _____

Position: _____

Institution: _____

Department: _____

Address: _____

Tel: (_____) _____

City _____ State _____ Zip _____

E-mail: _____

Signature: _____

Date: _____