

GONZAGA-IN-FLORENCE SUMMER 2010

ACADEMIC RECOMMENDATION



Return to Gonzaga University Study Abroad: Ad Box 85, 502 E. Boone Ave, Spokane, WA 99258-0085
 • (800) 440-5391 • (509) 313-3549 • (509) 313-5987 fax • www.gonzagainflorence.org • studyabroad@gonzaga.edu

TO THE STUDENT: Please complete and sign this section before giving the recommendation to your professor. Your professor should return this form to you in a signed, sealed envelope.

Name _____ School ID# _____ Major _____
First Middle Last
 College or university _____ Phone (____) _____ E-mail _____

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. During the summer, students select their studies from approximately 20 courses. They also have the opportunity for travel in Europe. Our faculty members from both Gonzaga University and Italian universities have doctorate or terminal degrees. 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 in a signed, sealed envelope.
 The student's application will not be reviewed until this recommendation is received.**

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: _____

Institution: _____

Department: _____

Address: _____

Tel: (____) _____

City _____ State _____ Zip _____

E-mail: _____

Signature: _____

Date: _____