

GONZAGA-IN-FLORENCE 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.

_____ CLASS STATUS FR SO
 FIRST NAME MIDDLE NAME LAST NAME GU ID JR SR
 _____ @ZAGMAIL.GONZAGA.EDU
 PHONE EMAIL
 TERM APPLYING TO: SUMMER 2012 FALL 2012 ACADEMIC YEAR 2012-2013
 SPRING 2013 EDUCATION TRACK SPRING 2013 ENGINEERING TRACK 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.

_____ POSITION _____ DEPARTMENT _____
 NAME
 _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 INSTITUTION
 _____ EMAIL _____
 PHONE
 _____ DATE _____
 SIGNATURE