

International Programs Office Jackson State University

Recommendation Form for Study Abroad Programs

To the recommender: The student named below has given us your name as a person able to provide an evaluation of their qualifications for an academic study abroad program offered by the International Programs Office at Jackson State University. Students are selected for the program on the basis of academic ability, as well as maturity. It is important to the student and to the University that we select only those who are most likely to succeed in and benefit from this program. We appreciate your candid opinion as to the applicant's qualifications.

The student's application cannot be processed until references are returned. We would appreciate receiving your response as soon as possible. Please return this form in the enclosed envelope. We thank you for the time you are taking in this matter.

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To be completed by applicant:

Name of Applicant: _____ Phone: _____

Address: _____

Home Institution: _____

Program for Which You Are Applying: _____

Semester/Term: _____ Year: _____ Classification: _____

Signature of Applicant: _____ Date: _____

To be completed by the recommender:

1. How long and in what capacity have you known the applicant?

2. If selected, this student will be required to make an adjustment to a challenging living situation. The student's success in the program will be strongly affected by this adjustment of living in a foreign environment. Based on your knowledge of the applicant, will you give us your opinion of the student's ability to make adjustments?

3. How would you describe the candidate in terms of maturity, sense of responsibility, reliability, honesty, and character?

4. Please check the statement that you feel most accurately reflects your opinion of this student's suitability for the program.

_____ The student has my strong recommendation.

_____ I cannot recommend this student for the program.

_____ I have reservations, but am willing to recommend the student. My reservations and related concerns are expressed below:

5. If you have knowledge of the student's foreign language capabilities for the study abroad program indicated on the cover page, please indicate your opinion in the table below:

Language Ability	Listening	Speaking	Reading	Writing
None				
Limited/Basic				
Intermediate				
Advanced				

6. Please use this space to make any additional comments you want to make concerning the applicant's qualifications for the program.

Signature: _____ Date: _____

Institution/Organization: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Thank you!

Please return this form in an enclosed envelope with your signature placed across the back seal.