

Student Name \_\_\_\_\_ Student Z# \_\_\_\_\_

Off-campus Program Name and Location \_\_\_\_\_

**To the faculty member:** How long have you known the applicant? \_\_\_\_\_

Based upon the following criteria, please evaluate the applicant's readiness for study abroad:

Motivation for study abroad

Academic performance

Emotional stability

Respect for customs, rules and values of others

Ability to handle stress

Flexibility

Responsibility

I recommend this student **without** reservation

I recommend this student **with** reservation

I do **not** recommend this student

Please describe student's strengths and weaknesses (attach additional sheet if desired):

Name of Referee: \_\_\_\_\_ University Email: \_\_\_\_\_

School/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Please complete and return form to JoAnn Allen, EML Dept. GC 5A02, joallen@oru.edu\*\*

\*\*This form can be saved in Adobe Reader\*\*