

Oral Roberts University Off-Campus and Study Abroad Program

Faculty Recommendation

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	<input type="text"/>
Academic performance	<input type="text"/>
Emotional stability	<input type="text"/>
Respect for customs, rules and values of others	<input type="text"/>
Ability to handle stress	<input type="text"/>
Flexibility	<input type="text"/>
Responsibility	<input type="text"/>

- ☐ 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 Dr. Lori Kanitz, EML Dept. GC 5A02, lkanitz@oru.edu****

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

Fax: 918-495-7011

Email: lkanitz@oru.edu

Questions?
918-495-6064