

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 _____

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 Dr. Joann Allen, EML Dept. GC 5A02,
joallen@oru.edu, Phone: 918-495-7391, Fax: 918-495-7011**

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