

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. Stephanie Coker, EML Dept. GC 5A02,
scoker@oru.edu, Phone: 918-495-6771, Fax: 918-495-7011**

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