

Cedarville University Institute of Spanish Studies Study Abroad

FACULTY RECOMMENDATION FORM

To the student:

Name _____ Program _____ Term/Year _____
Telephone _____ E-mail _____

Please sign the authorization and give this form to a professor who knows you well and has taught you in class. Your professor should then forward the completed form to the address you check below.

I waive my right of access to this information.

I do not waive my right of access to this information.

Applicant's signature _____ Date _____

To the faculty member:

The above student is applying to a study abroad program. Please assess this student's intellectual ability, past performance, motivation, maturity, and potential for successful adjustment to study abroad in your comments and ratings below.

Comments:

Please rate the following: Poor Good Excellent Outstanding

Academic potential and ability

Ability to adjust to new situations

Personal motivation

Spanish Language abilities

Name College/University _____

Address _____

Title/Department _____ Telephone _____ E-mail _____

Signature _____ Date _____

Please mail to:

Cedarville University, International Programs, 251 N. Main Street, Cedarville OH 45314