WMU FACULTY RECOMMENDATION FORM (for study abroad applicant):
Please return this form to the applicant.

TO STUDENT: PLEASE COMPLETE THE TOP PORTION OF THIS FORM BEFORE SUBMITTING TO FACULTY MEMBER.

Name of Applicant: _____

Study abroad program planned/Sponsoring institution: _____

Country: _____ Date: _____

I waive my rights of access to this form which, when completed, will be used for the sole purpose of evaluating my qualifications for participation in the above-mentioned study abroad program. **(Sign below only if you waive access).**

Signature: _____ Date: _____

TO FACULTY MEMBER: The above student is applying for admission to a WMU study abroad program. Studying in a different culture often requires a higher degree of adaptability, maturity, academic concentration and discipline than studying in one's home culture. Your insight will be appreciated. If the student has signed the above waiver, your comments will be confidential. You may return this form to the student in a sealed enveloped. Thank you for your assistance.

1. How long and in what circumstances have you known the applicant?

2. Please describe the applicant's performance in your class.

3. Based on your knowledge of the applicant's academic background, intellectual competence and performance, is the applicant a:

❑ Superior Student ❑ Excellent Student ❑ Good Student ❑ Average Student ❑ Below Average Student

4. Please describe the applicant with regards to seriousness of purpose and responsibility.

5. Please describe the applicant with regards to tact, sensitivity, and ability to get along with others.

6. If the student is applying for a program in a non-English speaking country, and if you have knowledge of the applicant's foreign language skills, please give your opinion of the applicant's ability to use this language in the host country.

7. Do you think the applicant would be a good student to select for participation in this program?
❑ Yes, definitely ❑ Yes, with some reservations ❑ Perhaps not ❑ No

Please Explain.

8. Please include any additional comments that would help evaluate the applicant.

PLEASE RETURN THIS FORM TO THE STUDENT. DO NOT SEND TO THE OFFICE OF STUDY ABROAD.

Name of Faculty Member _____

Title _____

Signature _____ Date _____

E-mail _____

Work Phone _____ Home Phone _____