

ACADEMIC STUDIES ABROAD

Letter of Recommendation

Applicant: Please fill out the lines below and give this form to one of your professors or advisors. Be sure to provide them with a stamped envelope addressed to: **Academic Studies Abroad • 434 Massachusetts Ave. Suite 502 • Boston, MA 02118** so that they may mail your recommendation directly to ASA.

Your Name: _____

Your University (in the States): _____

Program to which you are applying (list the city, country, and dates of the program):

Check ONE of the following statements and sign below:

I hereby forego my claim of access to letters of recommendation written on behalf of my application to the Academic Studies Abroad Program indicated above.

I do **not** wish to forego my claim of access to letters of recommendation written on behalf of my application to the Academic Studies Abroad Program indicated above.

Signature of applicant _____ Date _____

To the individual completing this form:

1) How long have you known the applicant? Since _____

In what capacity?

- student in large class
- student in small class
- advisee
- other _____

2) Please describe the applicant as a student.

- excellent student
- above average student
- average student
- below average student
- insufficient record to judge

3) Will the student be motivated in his/her studies and work at the program site?

- Highly motivated
- Adequately motivated
- Unmotivated
- No basis for judgment

4) Do you feel that the student possesses the self-reliance and maturity to conduct them self in a responsible manner while abroad, in an environment which may lack the structure of a typical American university?

Self-reliance

- very self-reliant
- generally self-reliant
- may require help*

Maturity

- very mature
- fairly mature
- somewhat immature*

*Comments: _____

OVER...

