

ACADEMIC STUDIES ABROAD

Letter of Recommendation

Applicant: Please fill in the blanks 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 • 4 Belgrade Avenue – Suite 5 • Roslindale, MA 02131** 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 his/her 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*

*Please comment: _____
