

Willamette Study Abroad Programs  
**Academic Recommendation Form**  
**DUE TO OIE 12/2/2011 4:00 pm**

\* Academic Recommendation and Language Assessment must be completed by different faculty members.

Return completed form to: Office of International Education, Matthews Hall (MAC)  
Mailing address: Office of International Education, Willamette University, 900 State Street, Salem OR 97301

\_\_\_\_\_  
**STUDENT NAME** **PROPOSED PROGRAM(S)**

**STUDENT INSTRUCTIONS: SIGN THIS WAIVER (choose YES or NO) BEFORE GIVING THIS FORM TO THE PERSON WHO WILL DO THE RECOMMENDATION.** Give him/her AT LEAST three weeks to complete the recommendation.

Student waiver statement: In accordance with the Family Educational Rights and Privacy Act of 1974, Willamette University recognizes that applicants of its Study Abroad Programs have the right to access all materials in their files. "I am aware of my right under the provisions of PL 93-380.513 to inspect recommendations written on my behalf. In order to encourage the authors of these recommendations to write with candor, I have elected not to exercise my rights under the aforesaid statute, and affirm that I shall not do so in the future. This waiver will remain in effect 1) until I notify, in writing, the Office of International Education, at which time this recommendation will be removed from my file and returned to the author, or 2) until the Office of International Education destroys this recommendation."

I, therefore, WAIVE my access to this recommendation and understand that it will be used for the purpose for which it was prepared.

**YES**, I waive this right \_\_\_\_\_      **NO**, I do not waive this right \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant WU ID# Date

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**FACULTY INSTRUCTIONS: THE STUDENT MUST SIGN THE FORM ABOVE BEFORE HAVING YOU COMPLETE IT.** Your assessment is needed for academic character/practices, both strengths and weaknesses. The above student is applying for participation in WU study abroad. Study abroad places greater demands on students, effecting concentration, academic performance, emotional stability, etc. Please consider this when completing this recommendation. Students will also have personal, advisor, and language (if applicable) references. A separate letter is not expected. Use the back or an attached sheet for additional comments. Letterhead is not necessary. You are encouraged to double-side pages as needed. Staple all pages related to THIS form together, this page ON TOP.

1. How long and in what *academic* capacity have you known the applicant?
  
2. Please rank the applicant on the following traits: (1 = below average- 4 = excellent)

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Excellent</u>	<u>N/A</u>
Academic ability Comment:	1	2	3	4	X
Adaptability Comment:	1	2	3	4	X

Student's Name \_\_\_\_\_

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>N/A</b>
Ability to get along with others Comment:	1	2	3	4	X
Emotional maturity Comment:	1	2	3	4	X
Intellectual curiosity Comment:	1	2	3	4	X
Self-reliance Comment:	1	2	3	4	X
Sensitivity to others Comment:	1	2	3	4	X

**3. Please comment here or attach a separate sheet addressing this applicant's strengths and weaknesses in suitability for study abroad.** LETTERHEAD IS NOT NECESSARY. STAPLE any additional pages BEHIND this form.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department & Phone Number

Date you received this form from student \_\_\_\_\_

Did this student give you adequate time to complete this form? \_\_\_\_\_

*Please do not return this form to the student.*

\* Within THREE DAYS of the deadline? Call us for pick up or hand deliver it. 503.375.5493 (or x5493) Fax: 503.370.6565

**DUE TO OIE FRIDAY, 12/2/2011 4:00 pm**