



Faculty Recommendation for Off-Campus Study

To Be Completed by the Student:

Name of Applicant: _____

I.D. Number: _____

Proposed Programs 1. _____ Semester off campus: _____

2. _____ Semester off campus: _____

3. _____ Semester off campus: _____

Applicant's Waiver of Right of Access to Confidential Statement

Under the Family Educational Rights and Privacy Act of 1974, as amended, students have a right to certain education records.

I hereby freely and voluntarily waive my rights to any information contained in this recommendation form and agree that it shall remain confidential.

I do not waive my rights to any information contained in this recommendation form.

Student Signature

Date

To the Professor Completing this Form:

This recommendation will be reviewed by the Director of International Education and may be forwarded to the program provider or overseas institution as necessary. Your candid assessment of the student is vital to the placement process. If you do not feel qualified to assess the student, please ask him/her to choose another evaluator. Should you have any questions about the program(s) the student is proposing, please feel free to contact the Office of International Education at 7-3796. You may also submit a letter of recommendation which includes the requested information in lieu of this form. As a signature is required to forward this form to the program, emails can not be accepted.

Professor's Recommendation:

1. *In what capacity and for how long have you known the applicant? In which course(s) have you taught the applicant and when?*

2. *Please describe the course in which you taught the student in terms of assignments required and performance of the applicant in relation to his/her peers.*

