

SDSU

San Diego State University

FACULTY RECOMMENDATION FOR STUDY ABROAD

Applicant: Please complete top section *with black ink*. This form **MUST** be completed by a professor that has taught you. Recommendations from TAs or supervisors are not acceptable.

Applicant's Name _____ Red ID _____

Exchange Country Location _____ City _____

To be completed by Faculty Member only:

1. Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a semester/year of study overseas in an SDSU program. (Please attach a letter if you would like to make further comments.)

2. Please complete all items listed below.

How well do you know the applicant? (Check the most appropriate response.)

- Extensive contact as advisor in a small class
- Well acquainted in classroom environment
- Limited contact in classroom environment

3. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response.)

	Excellent	Very Good	Average	Below Average	Unable to Judge
Academic Ability	4	3	2		0
Maturity	4	3	2		0
Cooperation & Adaptability	4	3	2		0
Initiative & Motivation	4	3	2		0

Signature _____ Printed Name _____ Date _____

Position/Department _____ Institution _____

**Please return this form to the student applicant
in a signed and sealed envelope.
Thank you!**