

## Old Dominion University Faculty Recommendation Form

Name of Applicant: \_\_\_\_\_

Reference requested from: \_\_\_\_\_

Check one of the following statements and sign below:

I waive my right to examine this recommendation when completed and understand that it will remain confidential.  
I do not waive my right to review this document when completed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To the faculty member:**

How long have you known the applicant? Since \_\_\_\_\_

Continuous Contact                      No contact since \_\_\_\_\_                      Infrequent Contact

Only through records                      Other (please describe) \_\_\_\_\_

According to the following criteria, how would you evaluate the applicant's readiness for study abroad?

	Unable to evaluate	low	acceptable	very good	excellent
Motivation for study abroad					
Academic performance					
Emotional stability					
Respect for customs, rules and values of others					
Ability to handle stress					
Flexibility					

I recommend this applicant without reservation

I do not recommend this applicant

I recommend this applicant with reservation

Please describe reservation:

---



---

Signature of Referee: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Department: \_\_\_\_\_

\*Please return (or have student return in a sealed envelope) completed form to: Office of Study Abroad, 111 Dragas International Center