

Study Abroad
University of Washington
Date Printed:

SAMPLE Student Recommendation Form

*** Completed via online application system ***

Student name:
Program name:
Term:

Student Instructions:

Fill in the top section of this form, up to and including "Read Waiver", and then deliver it to the recommender to be completed.

Recommender's full name:
Recommender's email:

Read Waiver

Student waives his/her right to read or obtain copies of this recommendation: **Yes / No**

Recommendation Survey:

Instructions:

The student requesting a recommendation from you is applying to an international program or exchange sponsored by the University of Washington. As a participant in this program, the student will be required to complete a full schedule of academic work while abroad; thus, he/she must be highly motivated, emotionally mature and able to easily adapt to people with different social and cultural backgrounds. Your candid appraisal of this student would be greatly appreciated, as it enables us to determine the applicant's suitability for this program or exchange. We thank you in advance for your cooperation, time and honest evaluation.

(This survey consists of nine questions and optional comments.)

1. How long have you known the applicant, and in what capacity? (*)

2. Please rate the applicant on the following: Maturity (*)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

3. Intellectual Curiosity (*)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

4. Academic Preparedness (*)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

5. Cultural Sensitivity (*)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

6. Ability to adapt to new circumstances (*)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

7. Ability to get along with others (*)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

8. Foreign Language Ability (if applicable)

Please select **ONLY ONE**:

Below Average Average Above Average Exceptional Unknown

9. Overall recommendation for this program: (*)

Please select from the options below. Please select **ONLY ONE**:

Don't recommend Recommend with reservation Recommend Highly recommend

10. Optional additional comments:

(Feel free to elaborate on any of the parameters listed above.)

(If more space is required, please attach it to this document.)

*** Indicates a response is required.**

Recommender's signature: _____ Date signed: _____

Work phone number: _____