



# Faculty Recommendation Form

for Study Abroad / Study Tour

## To be completed by the student

Name: \_\_\_\_\_

L number: \_\_\_\_\_

Overseas program: \_\_\_\_\_

Semester of program: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Spring break \_\_\_\_\_

I understand that with my signature below, I waived my right to read this letter.

Signature: \_\_\_\_\_ \*typing your name serves as your signature of approval.

## To be completed and submitted by the evaluator to studyabroad@lander.edu

The above-mentioned student is applying for a Study Tour or study abroad program. We would appreciate your candid assessment of the applicant's attributes with which you are familiar.

1. How long and in what capacity have you known the applicant?
2. Please rate the applicant's academic attributes. You are welcome to elaborate below in question 4.

	Excellent	Good	Middlin'	Not good	Unsure
Competence in major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please evaluate the applicant's suitability for the program. You are welcome to elaborate below.

	Excellent	Good	Middlin'	Not good	Unsure
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you were the resident director of this overseas program, would you be eager, willing, reluctant, or resistant to have this applicant participate. Please be completely candid!

Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_

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