

Global Initiatives & International Programs
Student Section of Study Abroad Recommendation Form

Note: As part of the Cedar Crest Study Abroad Scholarship Application process, students are asked to request **two** letters of recommendation. They may request references from their: Academic Advisor, Professor, or Administrative Staff/Supervisor.

Student Name Printed _____

This is an Application to study abroad (in the following country): complete the **one** that applies...

- Study tour to _____
- Summer Program to _____
- Semester Abroad Program to _____
- Other Program (listed here) to _____

Term: _____ Year _____

To be read and signed by the student: Waiver of Rights under The Family Educational Rights and Privacy Act of 1974: I understand that the United States Family Educational Rights and Privacy Act of 1974 guarantees my right to review confidential appraisals placed in my file at Cedar Crest College, Global Initiatives & International Programs. By waiving my rights to review this reference, I understand that I surrender my rights to examine its contents.

_____ Date _____

Student Signature

Check ONE: I do____ I do not_____waive my rights to review this recommendation.

Global Initiatives & International Programs Faculty/Administrative Staff Section of Recommendation Form

Global Initiatives & International Programs appreciates your appraisal of the student's maturity, seriousness of purpose and academic preparation for study abroad. If the student has waived rights to review this reference, it will be kept confidential. If not, the student has the right to review it. Kindly return this recommendation in one of two ways: (a) both pages by scan to Lindsey.Hutterer@cedarcrest.edu or (b) by campus mail in a signature sealed envelope to Lindsey Hutterer, International Programs Coordinator, Allen House 205.

Evaluator: _____ Title _____
Capacity in which you know the student: _____

Please assess the applicant by checking the appropriate boxes below:

| Student Profile | Poor | Below Average | Average | Above Average | Superior | Unknown |
|---|------|---------------|---------|---------------|----------|---------|
| Maturity | | | | | | |
| Ability to work independently | | | | | | |
| Ability to work cooperatively | | | | | | |
| Flexibility and openness to new experiences | | | | | | |
| Cultural sensitivity | | | | | | |
| Intellectual curiosity | | | | | | |
| Other: | | | | | | |

Please give your overall assessment of the student's ability to successfully carry out studies abroad _____

Please check ONE:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I do not recommend this student for the study abroad program |
| <input type="checkbox"/> | I recommend with reservations this student for the study abroad program |
| <input type="checkbox"/> | I recommend this student for the study abroad program |
| <input type="checkbox"/> | I strongly recommend this student for the study abroad program |

Signature of evaluator _____ Date: _____

Note: Feel free to attach a separate document with additional details. Thank you.