

Office of Study Abroad and International Exchange
University of Arkansas
722 W. Maple
Fayetteville, AR 72701
Phone: (479) 575-7582 fax (479) 575-7402
e-mail: studyabroad@uark.edu

RECOMMENDATION FORM FOR
 UA STUDY ABROAD SCHOLARSHIP

Name of Applicant: _____ Email: _____

Intended Program: _____

Recommendation Submitted By: _____
Name Title

1. How long have you known the applicant and in what capacity?

2. Please indicate the applicant's ability and competence in comparison with other individuals whom you have known in similar stages of their studies.

| | below average | average | above average | exceptional | no basis for judgment |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| general knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| knowledge in chosen field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| motivation and stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| emotional stability/maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| effectiveness with people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please comment on the applicant's general preparedness, academically and personally, for study abroad and indicate any other factors that you think may have a bearing on the applicant's successful experience in the desired study abroad program.

 Signature

 Date

Please return recommendation form to the Office of Study Abroad, 722 W. Maple, Fayetteville, AR 72701
 Campus Mail: STAB