

**OFFICE OF STUDY ABROAD AND INTERNATIONAL EDUCATION  
UNIVERSITY OF ARKANSAS**

**RECOMMENDATION FORM**

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	above average	outstanding	no basis for judgment
general knowledge	<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"/>
motivation and stamina	<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"/>
self reliance/independence	<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"/>

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.

\_\_\_\_\_  
Name and title of Instructor (please print)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return To: Office of Study Abroad and International Exchange  
Campus Mail: STAB