

Student Must Complete Top Section

I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Student Name _____ Home Institution _____

First Choice Program _____ Signature _____ Date _____

To the Faculty Member

This form is an integral part of the above student's application to study abroad through the Institute for Study Abroad, Butler University. IFSA-Butler is a nonprofit organization regularly serving students from accredited colleges and universities throughout the U.S. and Canada.

To help ensure favorable consideration of this student's application to one of our affiliated institutions abroad, please complete this form and forward it directly to our office. **If you use additional pages, please use university letterhead and sign both the form and the extra page(s).**

We seek your evaluation of the student's academic ability as well as his or her social maturity and emotional strengths in terms of undertaking a period of study abroad. We are particularly interested in your assessment of the student's academic motivation and any special attributes relevant to foreign study. Your noting any weaknesses that might impede the student's success abroad would also be of great help to us.

How long and in what capacity have you known this student? Please list any courses this student has taken with you.

What is your general estimate of this student's intellectual ability and academic motivation?

On a scale of 1 (low) to 10 (high), how does this student rank in the following areas?

	Low										High
Writing ability	1	2	3	4	5	6	7	8	9	10	
Quantitative ability	1	2	3	4	5	6	7	8	9	10	
Critical thinking ability	1	2	3	4	5	6	7	8	9	10	
Depth of background in proposed subject	1	2	3	4	5	6	7	8	9	10	

Have you found this student to be a mature and stable person? Do you think this student would make the personal, social and academic adjustment to a program abroad?

Do you have any additional comments about this student?

Please complete and sign this form. Forward this completed form directly to the Institute for Study Abroad at the address listed above.

Name _____ Title/Dept. _____

Institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone () _____ Fax () _____

E-mail _____

Signature _____ Date _____