





THE UNIVERSITY of  
NEW ORLEANS

**DIVISION OF INTERNATIONAL EDUCATION**

**Overall Recommendation:**

- This student receives my highest recommendation without reservation
- I recommend this student with confidence
- I recommend this student
- I would **NOT** recommend this student for an award

**Additional Comments:**

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

**Do not return this form to the student.**

**Please return this form to the following address:**

University of New Orleans  
Division of International Education  
2000 Lakeshore Dr., International Center  
New Orleans, LA 70148

Note: If you work on campus and would like to have us send someone to pick this up, please call ext. 3-7116.