



Study Abroad Reference Form

TO BE COMPLETED BY THE STUDENT:

Student Name: _____ (Please Print)

Address: _____

City: _____

E-mail: _____

State: _____

Zip: _____

Phone Number: _____

Under the provisions of the Privacy Act of 1974, you may waive the right to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below whether or not you waive this right.

I waive my right to access this recommendation form.

I do not waive my right to access this recommendation form. *If this is not checked, it is assumed that you waive your right to access.

Signature of student

Date

TO BE COMPLETED BY THE REFEREE: (full or part-time college or university faculty member)

This student has applied to participate in a study abroad program sponsored by the University of New Orleans. The student has asked you to provide an assessment of his/her suitability as a participant in an academic study abroad program. The student must be sufficiently motivated and mature enough to live in a foreign setting and be prepared to conduct themselves in an appropriate manner. Your response will be helpful in our efforts to provide optimal learning experiences for our students. This reference will be used to evaluate the student for admission; therefore, it is important that you give us your candid evaluation on the preparedness and suitability of the student for study abroad. Each participant will receive university credit upon successful completion of the program.

1. How long have you known this student and in what capacity? What is your knowledge of this student's intellectual curiosity, emotional maturity and ability to adapt? _____

2. Is there any reason you would not recommend this student for participation in a study abroad program? _____

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 admission

CONTACT INFORMATION

Name: _____ Phone: _____ E-mail: _____

Title: _____ Institution: _____

Do not return this form to the student.

Please return this form to the following address:

The University of New Orleans
Division of International Education, ED 115
2000 Lakeshore Dr.
New Orleans, LA 70148