

# Cedarville University Institute of Spanish Studies Study Abroad

## FACULTY RECOMMENDATION FORM

**To the student:**

Name \_\_\_\_\_ Program \_\_\_\_\_ Term/Year \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Please sign the authorization and give this form to a professor who knows you well and has taught you in class. Your professor should then forward the completed form to the address you check below.

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

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**To the faculty member:**

The above student is applying to a study abroad program. Please assess this student's intellectual ability, past performance, motivation, maturity, and potential for successful adjustment to study abroad in your comments and ratings below.

Comments:

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Please rate the following:	Poor	Good	Excellent	Outstanding
Academic potential and ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish Language abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name College/University \_\_\_\_\_  
Address \_\_\_\_\_  
Title/Department \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to:

Cedarville University, International Programs, 251 N. Main Street, Cedarville OH 45314