Temple University Education Abroad
ACADEMIC ADVISOR RECOMMENDATION FORM
for Temple Students

**To the Applicant:** Please complete this section before giving the form to your recommender. Be sure to indicate whether or not you waive your right of access and then sign on the signature line.

Name of Applicant

Study Abroad Program ________________ and term:

- O Fall Semester 20_____
- O Spring Semester 20_____
- O Academic Year 20_____
- O Summer 20_____

I hereby authorize_________________________________________________to complete this form and ask that the form be sent directly to International Programs, Temple University. I understand that this document will be used to evaluate my qualifications for study abroad and will be part of my application file. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. O Yes O No

Applicant Signature ____________________________________________________________________________ Date ____________________________________________________________________________

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**To the Recommender:** To aid in assessing the above applicant’s potential for successfully completing a program of study abroad, we would appreciate your commenting and returning this form to the address below. Please attach an additional sheet of paper if necessary. Thank you for your cooperation.

1. Has this student consulted with you regarding their study abroad plans? O Yes O No If so, please indicate when ____________________ If yes, please explain: __________________________________________________________________________________________________________
   _____________________________________________________________________________________________________________________

2. **Courses** Please list the courses the student may complete on this program and what degree requirements these courses fulfill. If there are alternate courses the student may complete on the program, please indicate as well. ______________________________________________________
   __________________________________________________________________________________________________________________________________
   __________________________________________________________________________________________________________________________________

3. **Additional Comments** Is there anything else Education Abroad should be aware of in regards to this student’s program participation (i.e. courses the student should not take, such as duplicate courses, graduating soon, etc.)?
   __________________________________________________________________________________________________________________________________
   __________________________________________________________________________________________________________________________________

Signed ____________________________________________________________________________ Date ____________________________________________________________________________

Name ____________________________________________________________________________ Title ____________________________________________________________________________

E-mail Address ___________________________ Department ____________________________________ Institution ___________________________

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**Please return this form by email to study.abroad@temple.edu, or:** mail to Education Abroad, Temple University, 200 Tuttleman Learning Center (008-00), 1809 North 13th Street, Philadelphia, PA 19122; fax: 215-204-0729. **Application Deadlines:** Fall Semester Programs, April 1; Spring Semester Programs, October 1; Summer Programs, February 15. Although these are the final deadlines, students are accepted on a rolling-admissions basis.