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 ______________________________

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. In what capacity have you known the applicant and for how long?

2. What course(s) did the applicant take with you?

3. Please comment on the quality of the applicant's academic work.

4. How would you rate the applicant's intellectual motivation?

5. To the best of your ability, please comment on the applicant’s suitability for study abroad in terms of maturity and emotional stability; self-reliance and independence; and flexibility and adaptability.

6. Would the applicant make a positive impression abroad? If no, why?

7. If you were leading a study abroad program, would you encourage the applicant to participate? If no, why not?

Signed __________________________ Date __________________________

Name __________________________ Title __________________________ E-mail Address __________________________

Department __________________________ Institution __________________________

Please submit 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.