



STUDY ABROAD FACULTY RECOMMENDATION

FOR THE STUDENT: Please fill out this section and give the form to a faculty. Inform him/ her to give the form or a letter back to you in a SEALED envelope so you can submit it with your application packet to the International Programs Office, Kenna 110.

Student Name:	Major:
Program Location:	Term / Year Abroad:
Email:	Phone:
Student Signature:	Date:

FOR THE FACULTY: The student has applied to participate in a study abroad program offered by Santa Clara University. SCU seeks mature, well-balanced, and motivated women and men to study in an international setting. The academic and interpersonal dynamics will be challenging for students with the intent to foster their intellectual and moral development. The goal of the program is to prepare students for citizenship, service, and leadership in a global society. The applicant has chosen you to let us know more about her/him as we consider her/his application. Your comments will be extremely helpful in our efforts to provide optimal living and learning experiences for our students. **Feel free to just write a letter of recommendation addressing the questions that you feel comfortable answering on behalf of the student.**

How long have you known the applicant and in what capacity?

What strengths do you think the applicant will bring to this program?

What are the applicant's weaknesses, and how would you expect these to affect her/his involvement in this type of educational experience?

Please give examples of how the applicant responds to cultural diversity and differences.

Would you want this applicant in a semester long experience of this nature? Please explain.

List three adjectives that best describe the applicant: 1) _____ 2) _____ 3) _____

Overall, how would you rate the applicant?

_____ Exceptional	_____ Might be okay, some reservations
_____ Very good, no reservations	_____ Weak, should be discouraged
_____ Good, better than average	_____ Not sure

Is there any other information that you feel we should know in considering this applicant?

Recommender's Name:	Institution:
Department:	Office:
Email:	Phone:
Signature:	Date:

Instruction: Return this form to the applicant in a sealed envelope with your name signed across the sealed flap. The applicant will submit this form to us as part of her/his completed application packet. Please feel free to contact us if you have any questions: International Programs Office, Kenna 110, Santa Clara University, 500 El Camino Real, Santa Clara, CA 95053 Telephone 408.554.6940 | Fax 408.554.2340 | Email vraatior@scu.edu | Web site: www.scu.edu/international