

Office Use Only
Date Received: _____
By Whom: _____

University of Hawaii at Hilo Study Abroad Faculty Recommendation Form

Part A (for the applicant)

Name of Applicant _____

Name/Type of Program _____

I am studying overseas in:

- Fall 20____
- Spring 20____
- Academic Year 20____ - 20____
- Calendar Year 20____ - 20____
- Summer Term 20____

Under the Family Educational Rights and Privacy Act of 1974 I understand I have the right to have access to letters of recommendation written on my behalf.

I wish this letter to be written in confidence and hereby waive my rights of access to this letter.

I wish to retain my rights of access.

Applicant's Signature _____

Date _____

Part B (for the faculty)

To the Referee:

The student listed above has applied to participate in an international exchange program offered by the University of Hawaii'i at Hilo. The applicant must be sufficiently motivated and mature to live and work productively in an international setting. Your comments, in response to our questions below, would be extremely helpful in our efforts to provide optimal learning experiences for our students. Your comments will be used to evaluate the student for admission and provide information for the faculty on student abilities. Please tell us how long you have known the applicant and in what capacity. Please evaluate the applicant's proposed program of study in terms of its academic and non-academic merits and provide a candid assessment of the student's ability to succeed in the proposed program. Your comments should address both the strengths and the weaknesses of the project and the candidate. If the form does not provide adequate space, you may attach additional pages.

1. How long have you known the applicant? _____

2. How well do you feel you know the applicant? (Check one)

- very well-known personally not very well
- very well not very well-superficial
- well

3. Have you read the applicant's personal statement for the study abroad application?

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

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

6. Compared to all of the students you have known please rate the applicant as indicated below. Note: this information is critical to the student's application and incomplete data may delay the application process.

Academic attributes:	Excellent	Good	Fair	Poor	No opportunity to evaluate
Competence in major or specialization.....	_____	_____	_____	_____	_____
Academic interest and motivation	_____	_____	_____	_____	_____
Capacity for independent study	_____	_____	_____	_____	_____
Resourcefulness	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Non-academic attributes:	Excellent	Good	Fair	Poor	No opportunity to evaluate
Level of maturity	_____	_____	_____	_____	_____
Ability to adapt to new/unstructured circumstances	_____	_____	_____	_____	_____
Self-confidence and self-esteem	_____	_____	_____	_____	_____
Ability to relate well to others	_____	_____	_____	_____	_____
Emotional stability.....	_____	_____	_____	_____	_____
Open-mindedness	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

7. Please indicate below whether or not you recommend the student for participation in the Study Abroad Program

I recommend this student without reservation.

I recommend this student with the following reservation(s): _____

I do not recommend this student for the following reservation(s): _____

8. If there are any additional data about the participant that you feel we should know, please feel free to make additional comments on this form or attach additional sheets if necessary.

Faculty's Name

Position _____

Department _____

Faculty's Signature

Phone number (____) _____-_____

Email _____

Please return this form to The Center for Global Education and Exchange 200 W. Kawili St. SSC Room E-202 Hilo, HI 96720