



### Recommendation for Study Abroad

Liberty University  
Attn. Study Abroad, DH 2016  
1971 University Blvd.  
Lynchburg, VA 24502

Phone: (434) 592-4201  
Fax: (434) 582-2297

**To the Student:** Please complete and sign this section and give this form to a non-related individual who knows you well.

Student's Name: \_\_\_\_\_  
Study Abroad Program: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to complete this recommendation form.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.  Yes  No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Recommender:** The student named above is applying for a study abroad program. Please evaluate this candidate with particular attention to his/her potential for adjusting to the pressures and responsibilities of living and studying abroad. Thank you for your assistance.

1. How long have you known the candidate? \_\_\_\_\_  
In what capacity? \_\_\_\_\_

2. Please rate the candidate in the following areas:

	Unable to Evaluate	Low	Acceptable	Very Good	Excellent
Academic Ability					
Seriousness as a Student					
Maturity					
Emotional Stability					
Reliability					
Integrity					
Flexibility, Adaptability					
Respect for customs, rules, and values of others					



3. To the best of your knowledge of this study abroad applicant, would you recommend this student?

- Recommend without reservation
- Recommend with reservation \_\_\_\_\_
- Not recommend \_\_\_\_\_

4. Additional comments/concerns on character, personality, academics?

\_\_\_\_\_

Recommender's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_