

ACADEMIC RECOMMENDATION FORM

STUDENT NAME _____

STUDENT ID NUMBER _____

OVERSEAS PROGRAM _____

- Fall 20 ____
- Spring 20 ____
- Summer 20 ____
- Winterim 20 ____
- Academic Year 20 ____ - 20 ____

TO THE STUDENT: This form should be given to the referees listed in your application and be returned to Pearse Hall 166 by the application due date. Under the Family Educational Rights of Privacy Act of 1974 (Buckley Amendment), you have the right to either review this recommendation or to waive your right to see it. Please check one and sign:

- I do waive my right of access to this recommendation.
- I do **not** waive my right of access to this recommendation.

Signature _____

Date _____

TO THE REFEREE:

This student is applying for a UWM Overseas Program. The Program has high academic standards and requires students with the maturity and self-reliance necessary to adapt to a culture and to educational experiences very different from their own. Please use the questions below to evaluate the student.

Note: The student is entitled to review this reference under the Family Rights and Privacy Act of 1974 (Buckley Amendment) if he/she selected the appropriate box above.

How long and in what capacity have you known this student?

Basis of assessment

- Personal knowledge/records
- Reports of others
- Records review only

Please give an assessment of the applicant's intellectual and academic strengths and weaknesses.

(PLEASE TURN OVER)

Please state your opinion of this applicant's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant; and strengths which you believe the applicant may bring to such an experience.

Please rate the applicant on the following characteristics:

	Excellent	Good	Fair	Poor	No opportunity to observe
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with stress and ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature_____

Date_____

Printed Name_____

Title/Position_____

Dept/University_____

Phone_____

Please return this form to:
 Center for International Education
 Overseas Programs and Partnerships Office
 UW-Milwaukee
 Pearse Hall, Room 166
 Fax: 414-229-4858