Temple University Summer Programs ACADEMIC RECOMMENDATION FORM

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

Summer Abroad Program

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 course(s) have you taught the applicant and in what semester(s)?

2. Please comment on the applicant according to the following guidelines:

- Academic motivation and intellectual ability

- Maturity and emotional stability

- Self-reliance and independence

- Flexibility and ability to make a satisfactory adjustment to study abroad

3. Would the applicant make a positive impression abroad?

Signed Date

Name Title E-mail Address

Department Institution

Please return this form to: International Programs, Temple University, 200 Tuttleman Learning Center, 1809 N. 13th Street, Philadelphia, PA 19122, fax: 215-204-0729. Application deadline: February 15. Although this is the final deadline, students are accepted on a rolling-admissions basis.