



## Study Abroad & Exchange Programs Academic Recommendation Form

**Student Name:** \_\_\_\_\_ **Application Deadline:** \_\_\_\_\_  
**Program:** \_\_\_\_\_ **Term Applying For:** \_\_\_\_\_

U.S. Public Law 90-247 permits a student access to certain educational records, including letters of recommendation. Section 438(a)(2)(B) allows you to waive your right to access to specific records. If you choose to waive your right of access to this letter of recommendation, you must sign below. If you sign, the letter becomes confidential and you will not be entitled to read it. If you do not sign, you maintain your right to read the letter.

I understand that by signing this form, I am choosing to waive my right of access to this recommendation form.

\_\_\_\_\_  
Student Signature Date

**TO BE COMPLETED BY THE ACADEMIC REFERENCE:**

**Name & Title:** \_\_\_\_\_  
**Institution or Department:** \_\_\_\_\_  
**Email & Telephone :** \_\_\_\_\_

*To the Recommender/Referee:* The student named above is applying for the study abroad indicated. Please evaluate the student based on classroom participation, test/quizzes, assigned work projects, and personal contact outside of the classroom. All programs have application deadlines; therefore, your prompt response is greatly appreciated.

**Please assess the applicant’s personality and characteristics according to the criteria below:**

	Below Average	Average	Above Average	Very Good	Superior	Not Able to Judge
<b>Verbal Communication Skills</b>						
<b>Written Communication Skills</b>						
<b>Self-reliance and independence</b>						
<b>Flexibility; Adaptability</b>						
<b>Group Participation</b>						
<b>Motivation and Seriousness of Purpose</b>						

**Please answer the following prompts:** (Attach a separate sheet if needed)

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

(OVER)

**Completed forms can be dropped off, or mailed to :**  
 Office of International Education, UC 226; 6300 Ocean Drive, Unit 5780; Corpus Christi, TX 78412-5780  
**Or, can be scanned/emailed to:** [Study.Abroad@tamucc.edu](mailto:Study.Abroad@tamucc.edu)



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2. Please indicate your evaluation of the applicant based on a) academic suitability for study abroad; b) maturity and social stability needed to make necessary adjustments; and c) strengths and weaknesses.

Based on your experiences and interactions with this applicant, how likely are you to recommend the applicant for a study abroad program:

- Without reservations  
 With minor reservations  
 With major reservations  
 I do not recommend the applicant at this time

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Signature of Recommendor/Referee

Date

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