



RECOMMENDATION FORM

Student: Complete all items in Section A. Section B should be completed by a faculty member in whose class you have been enrolled.

A. _____

PROGRAM INFORMATION

International program to which you are applying:
(List choices in order of preference.)

1. _____
Country *University*

2. _____
Country *University*

Indicate proposed length of study:

Fall semester Year _____

Spring semester Year _____

Full year Year _____

Summer session Year _____

PERSONAL INFORMATION

Name: _____
Last *First* *Middle*

Student Number: _____

College/university you are currently attending: _____

Local Phone Number: (_____) _____ Email: _____

Under the provisions of the Educational Rights and Privacy Act of 1974, I do I do not waive my right to review this document.

Student's Name: _____ Student's Signature: _____

B. _____

To the Evaluator: Please provide the following information regarding the applicant.

1. How long and in what capacity have you known the applicant?

2. How will this international experience fit into the student's academic program?

3. To the best of your knowledge would the applicant make a satisfactory personal and social adjustment to living and studying abroad?

4. Overall recommendation (please check one):

- I recommend the applicant without reservation.
- I recommend the applicant with some reservation(s) as noted above.
- I do not recommend the applicant for this program.

_____/_____
Signature / *Printed Name*

Title: _____ Date: _____

Phone Number: (_____) _____ Email Address: _____

Please return to:
University of Miami
INTERNATIONAL EDUCATION AND EXCHANGE PROGRAMS
P.O. Box 248263, Coral Gables, FL 33124-1610

Express Mail Address:
111 Allen Hall, 5050 Brunson Drive, Coral Gables, FL 33146

Tel: 305-284-3434 · Fax: 305-284-4235 · Email: ieep@miami.edu
Web site: <http://www.miami.edu/studyabroad>