



Office for International Programs

Visiting Student Recommendation Form

Preparing people to lead extraordinary lives

Part I: STUDENT INFORMATION & WAIVER

(To be filled out and signed by the student and submitted to the home university study abroad office.)

Applicant's Name: _____

Applicant's Email: _____

Name & Location of Study Abroad Program: _____

A recommendation writer should be aware that Public Law 93-380 permits the student to inspect recommendations unless he/she has signed the waiver below. The undersigned student hereby waives his/her right to inspect this form under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

Student's Signature

Date

I understand that the recommendation writer will be communicating information contained in education records maintained by the university concerning me in order to answer the questions stated below. I hereby authorize the communication of this information.

Student's Signature

Date

Part II: ACADEMIC & CONDUCT RECOMMENDATION

(To be completed by your home university study abroad office)

1) Has the applicant ever been

on academic probation? Yes No

under disciplinary censure? Yes No

2) Is the student presently in good disciplinary standing?

Yes No

3) Do you know of any reason not to recommend this student to Loyola's study abroad programs?

Yes No

4) If the answer to either question #1 or #3 is yes, and the details are not confidential under Public Lay 93-380, could you be specific about the circumstances? If the details are confidential, would you so indicate?

5) Because you are the study abroad advisor/coordinator on your campus, we would like the student to discuss his/her plans with you and be counseled in general terms about studying abroad. After having done so, are there any other considerations we should take into account when reviewing this applicant's request for admission?

6) Have you any special recommendation concerning this student?

7) Applicant is: Recommended Recommended with Reservation Not Recommended

On the basis of: Records Personal Acquaintance

Evaluator's Name: _____ Signature: _____

College or University _____

Title or Position: _____ Date: _____

When complete, return form to:

Office for International Programs
1032 W. Sheridan Rd.
Chicago, IL 60660

Or, scan and e-mail both sides of form to:

studyabroad@luc.edu

Phone: 773-508-7706, Fax: 773-508-7125