

Dean of Students Recommendation Form

Loyola University Chicago Office for International Programs Phone: (773) 508-3899

Applicant's name: _____ SSN: _____

Email Address: _____

Name & Location of Study Abroad Program: _____

Application for (indicate year): Spring 20__ Summer 20__ Full year 20__ - 20__ Fall 20__

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).

Applicant's Signature

Date

1) Has the applicant ever been 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 Law 93-380, could you be specific about the circumstances? If the details are confidential, would you so indicate? Please put your response in the other side of this form.

5) Applicant is: ___ Recommended ___ Recommended with Reservation ___ Not Recommended

On the basis of: ___ Records ___ Personal Acquaintance

Additional Comment:

Name: _____ Signature: _____

Position: _____ Division: _____ Date: _____

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

Applicant's signature

Date

**Return via inter-campus mail to:
Office for International Programs
Sullivan Center, 6339 N. Sheridan, LSC**

**Return via regular mail to:
Office for International Programs
Loyola University Chicago
6525 N. Sheridan Road
Chicago, IL 60626
Fax: 773-508-7125**