

UVU STUDY ABROAD RECOMMENDATION FORM

APPLICANT: Complete this section and then give this form to your recommender. Print clearly or type answers.

Name: _____ **Email:** _____

Program to Which You Are Applying: _____

UVID: _____ **Phone:** _____

Confidentiality: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, permits enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing on the line below. By signing below, you agree to waive all right to review the content of this letter of recommendation.

Signature of Applicant: _____ **Date:** _____

RECOMMENDER: Please indicate your level of recommendation for the applicant named above to participate in a UVU study abroad program. The student’s application cannot be processed until references are returned. We appreciate receiving your response as quickly as possible. If there is no signature above, the student has not waived their right to see your responses on this form. Please feel free to write a formal letter of recommendation on department letterhead in lieu of submitting this form. Return this form directly to the Office for Global Engagement (LA 111H).

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

2. Please indicate:

- I recommend without reservation. Please elaborate below.
- I recommend with reservation. If so, please elaborate below.
- I do not recommend this student. If so, please elaborate below.

3. Please comment specifically on the applicant in terms of the following: a) academic suitability; b) personal suitability; c) weaknesses; d) any other factors relevant to the applicant’s ability to participate successfully in a study abroad program.

Print clearly or type. Use the back of the form or attach a separate Word document if you need more space.

Signature of Recommender: _____ **Date:** _____

Name: _____ **Email:** _____

Position/Title: _____ **Department:** _____