

College of DuPage Summer Study Abroad Recommendation Form

Note: Save a copy of these documents to your computer PRIOR to completing them to avoid losing your information.

*This candidate's application will not be processed until we receive this completed form.
Please see box at bottom of this page for directions on acceptable ways to submit.*

TO THE APPLICANT

Complete this portion and give the form to a current or previous teacher who has known you for at least one semester. If you are not a current or recent student, your recommendation can be from an employer or non-family member who has known you in a professional or volunteer position.

Name: _____ Phone number: _____

Study Abroad location: _____ Email address: _____

Your local community college: _____ College you're attending: _____

I waive my right to access this letter, completed by (evaluator name): _____ Yes No

Student signature: _____ Date: _____

TO THE EVALUATOR

This rigorous program expects students to learn from academic classes as well as structured and unstructured experiences. Participants are involved in a challenging cross-cultural program, which includes a month-long period of living in another country. To succeed, the applicant must be highly motivated and able to adjust to people of different social, cultural and economic backgrounds—sometimes under difficult emotional and physical conditions. Hence, we cannot overemphasize the value of your candid appraisal to enable us to determine whether the applicant is ready for this program.

Please rate the applicant on the following characteristics:	Excellent	Good	Average	Poor	Unknown
Academic motivation					
Self-discipline					
Maturity					
Initiative					
Independence					
Open-mindedness					
Ability to function as a group member					

For how long and to what capacity have you known the applicant? _____

(Please use the next page for additional commentary.)

Name _____ Position _____ Phone number _____ Date _____

Address _____ City _____ State _____ ZIP _____

Email address _____ Evaluator Signature _____

Please return completed form promptly to fssa@cod.edu, mail to COD Field Studies/Study Abroad BIC 3520 | 425 Fawell Blvd., Glen Ellyn, IL 60137-6599 or return to student (sealed envelope optional). For non-COD/ICISP students for Costa Rica program only, remit to the student or the student's ICISP rep: <https://icisp.org/member-directory/>.

QUESTIONS? COD FIELD STUDIES/STUDY ABROAD (630) 942-2356 or fssa@cod.edu.

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Name of applicant: _____

Location of Study Abroad program: _____

Use this page for additional commentary.