International Programs Office
Off-Campus Study Program Application

Recommendation for Acceptance into Program
Due Date for 2015-2016 Programs: January 20, 2016

Three recommendation forms are required for each application; at least two of these forms must be completed by Aquinas faculty, staff or administration.

Student Name: ____________________________________________________

Check Program: □ Costa Rica □ France □ Ireland □ Japan □ Dominican Exchange
□ Tübingen □ Freiburg □ Lüneburg □ Spain □ Italy □ Other: _______________

Instructions for the individual writing this reference:
Your name was given by the above named student as a reference in support of his/her application to an Aquinas College Off-campus Study Program. Your comments will be considered and appreciated during the selection process. Applicants waive their right to review any recommendation forms; the confidentiality of your comments will be strictly maintained. Please return this form directly to the International Programs Office or to the applicant in a sealed envelope, with your signature across the sealed flap.

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

2.) Please rank the applicant on the traits below using the following scale:
(U=Unknown, 1=poor, 2=fair, 3=good, 4=great, 5=outstanding)

<table>
<thead>
<tr>
<th>Trait</th>
<th>Rating</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Ability</td>
<td>U 1 2 3 4 5 Comment: __________________________</td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td>U 1 2 3 4 5 Comment: __________________________</td>
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<tr>
<td>Self-reliance &amp; Independence</td>
<td>U 1 2 3 4 5 Comment: __________________________</td>
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<tr>
<td>Dedication &amp; Reliability</td>
<td>U 1 2 3 4 5 Comment: __________________________</td>
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<tr>
<td>Cooperation</td>
<td>U 1 2 3 4 5 Comment: __________________________</td>
<td></td>
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<tr>
<td>Emotional Stability/ Maturity</td>
<td>U 1 2 3 4 5 Comment: __________________________</td>
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</table>
3.) What is the applicant's strongest attribute?


4.) Which characteristic(s) of the applicant might be a liability?


5.) Are there any other factors that should be taken into consideration in appraising this student's application?


6.) Considering your overall evaluation of this applicant, what is your recommendation regarding his/her acceptance for participation in this off-campus study program?

   Strongly Recommend   Recommend   Recommend with reservations   Do Not Recommend

Signature of Reference: ___________________________ Date: ____________

Printed Name of Reference: ______________________________________________________

Title: ___________________________ Phone: (_____)_________________________

Email: __________________________________________________________________________