



To be completed by the applicant.

Part I:

Carman Hall, Room 337 250 Bedford Park Blvd West Bronx, NY 10468 Phone: 718-960-8345 Fax: 718-960-7734 www.lehman.edu

Faculty Recommendation form

| Name of Applicant | Date of Request | | | | | | | |
|--|-------------------------------------|---------------------------------|--------------------------------|-------------------------------|------------------------------|--|--|--|
| STUDY ABROAD PROGRAM | | | | | | | | |
| Country: | City: | | | | | | | |
| Evaluator's Full Name | Position | | | | | | | |
| Under the U.S. federal law (Section 438 of Public Law 90 records. Section 438(a)(2)(B) provides that a student many applicants have found that a recommendation letter applicant also has access. If you waive your right to inspect | ay waive the righer written in conf | nt to inspect o idence has a | confidential le greater imp | etters of rec act than one | ommendation. to which the | | | |
| Applicant's Signature | Date | | | | | | | |
| BE SURE TO PROVIDE THE EVALUATOR WITH FOLLOWING: A) IF YOU ATTEND A CCIS MEME STUDY ABROAD ADVISOR'S ADDRESS; B) IF YOU PROVIDE THE EVALUATOR WITH THE APPROPRIES. | BER INSTITUT OU DO NOT A | ION, PROV TTEND A C | IDE THE E | VALUATO BER INSTI | R WITH YOUR TUTION, | | | |
| Part II: To be completed by the evaluator. The above-mentioned applicant is applying for the overassessment of the applicant's attributes with which you provided to you by the applicant. | | | | | | | | |
| 1. Basis and extent of your acquaintance with the applic | ant: | | | | | | | |
| Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary. No opportunity | | | | | | | | |
| | Excellent | Good | Fair | Poor | to observe | | | |
| Competence in major/specialization | | | | | | | | |
| Academic interest and motivation | | | | | | | | |
| Capacity for independent study | | | | | | | | |
| Ability to express thoughts in speech/writing | | | | | | | | |
| Reliability | | | | | | | | |



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| 3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section as necessary: | | | | | | | |
|--|---------------------------------|------------|-----------|-----------|---------------------------|--|--|
| | Excellent | Good | Fair | Poor | No opportunity to observe | | |
| Ability to adapt to new or unstructured circumstances | | | | | | | |
| Self-reliance/independence | | | | | | | |
| Ability to relate well to others | | | | | | | |
| Emotional stability | | | | | | | |
| Open-mindedness | | | | | | | |
| Integrity | | | | | | | |
| 4. Please state frankly your opinion of this candidate's chances for program. Keep in mind the following: academic/personal suitable benefit the applicant, both academically and personally; and streng experience. (You are invited to use an additional sheet, if necessary | lity for study a gths which you | broad; how | v an inte | rnational | experience may | | |
| 5. Additional comments: | | | | | | | |
| | | | | | | | |
| Evaluator's Signature Date | | I | Print Nan | ne | | | |
| Position/Title | | | , | Telephon | e Number | | |
| Office Address | | | | | | | |