DUQUESNE UNIVERSITY
Office of International Programs
Faculty Recommendation Form
to support application to an Approved Study Abroad Program

TO THE APPLICANT: Please fill out the top part of this form and give it to a faculty member. Once the faculty member has completed the form and has returned it to you in a sealed envelope, submit the recommendation along with your transcripts, application, and essay to the Office of International Programs.

Name:_____

The program to which you want to apply: _____

The date by which you will need this form returned to you: _____
Please indicate the following:

❏ I prefer that this recommendation be open for my inspection
❏ I waive my right of access to this recommendation

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

TO THE RECOMMENDER:

1) Please comment on the appropriateness of the student's proposed course of study.
2) Please comment on this applicant's academic and personal suitability (such as maturity and independence) for study abroad. If you were teaching in the program for which the student is applying, would you welcome this applicant to study with you in that program? Why or why not?

Comments

I recommend the applicant:
❏ Highly ❏ No reservations ❏ Some reservations ❏ Do not recommend

Name (please print clearly)_____

Signature: _____ Date: _____

Position: _____Department: _____