

## Letter of Recommendation (2 required)

Name of Applicant: \_\_\_\_\_

**To the applicant:** Please sign the authorization below and give this form to a faculty member who knows you well and has taught you, preferably in your major. If your study away experience includes an internship you may use a letter of recommendation from a recent employer.

I hereby authorize \_\_\_\_\_ to complete this form. Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right for access to this recommendation and understand that the information provided would be used only for the purpose for which it was prepared.

Yes  No

Applicant's signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**To the faculty member:** The individual named above has applied for the Global Experience Program. We would appreciate your careful assessment of his/her intellectual ability and academic motivation, past performance, maturity, and his/her potential for successfully adjusting to life and study abroad. Please send this completed form (in person or via email) to University of Illinois at Springfield

Study Away Program

Brookens 480/482

One University Plaza, MS BRK 482

Springfield, IL 62703-5407

sap@uis.edu

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Position or Title \_\_\_\_\_

Department \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail \_\_\_\_\_