



## Faculty/Staff Recommendation for Study Abroad Program

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Study Abroad Program \_\_\_\_\_

Academic Program \_\_\_\_\_

Please indicate below your evaluation of this student				
	Excellent	Good	Poor	Unable to Judge
Probable academic success	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Maturity/ Dependability	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Ability to get along with others	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Independence	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Trustworthiness	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Open-mindedness	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Sense of humor	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0
Good ambassador of NWTC/United States	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0

Please share any comments you feel would be helpful in determining the student's ability to travel abroad and to adjust to a new environment.

Print Name of Faculty/Staff \_\_\_\_\_

Relationship to Student \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Signature of Faculty/Staff \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: Lacy Frewerd, [lacy.frewerd@nwtc.edu](mailto:lacy.frewerd@nwtc.edu) or drop it off in Student Involvement, SC118