



Iona College

715 NORTH AVENUE, NEW ROCHELLE, NY 10801-1890
PHONE: (914) 633-2000

STUDY ABROAD PROGRAM

RECOMMENDATION FORM

Student's Name: _____ Date: _____

Study Abroad Program: GREECE SUMMER 2010

Recommender's Name: _____

Please (briefly) describe the recommender's relationship to the student (professor, employer, etc.): _____.

Please indicate your opinion of the student in the following areas by marking the box next to the appropriate description.

	5 (Best)	4	3	2	1 (Worst)
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the lines below to provide any further information or comments regarding this student. Attach a separate sheet if necessary.

Do you recommend that this student participate in Study Abroad. _____

Signature of Recommender: _____ Date: _____

Please place this sheet in an envelope and return it either to the student or to Dr. George Mangiero, Director of Study Abroad. Thank you!