



STUDY ABROAD PROGRAM

StudyAbroad@iona.edu

## RECOMMENDATION FORM

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Study Abroad Program:      LONDON 20   SUMMER PROGRAM**

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!**