Faculty Recommendation

Instructions: Student completes the top section *before* giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

Student Completes

Applicant's Name				
Study Abroad Location	University	City	Country	

Faculty Member Completes

This section is to be completed by the recommending faculty member: Please type or print with black ink for duplicating purposes. Please rate the applicant relative to students whom you have known in recent years, circling the desired number.

	Unsatisfa	actory	Fa	air	Go	ood	١	Very Goo	bd	Sup	erior
Academic Performance	0	1	2	3	4	5	6	7	8	9	10
Maturity	0	1	2	3	4	5	6	7	8	9	10
Initiative	0	1	2	3	4	5	6	7	8	9	10
Adaptability	0	1	2	3	4	5	6	7	8	9	10

Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from a study abroad on a Sacramento State Study Abroad Programs. Please use the space below or attach a letter with more details.

Printed Name	Institution
Position/Department	
Signature	Date

