

RECOMMENDATION FOR MAYMESTER SCHOLARSHIP

TO THE STUDENT: Complete and sign this section and give this form to a professor.

Student's Name: _____ Program Name: _____

I hereby authorize _____ to complete this recommendation form.
(Professor's Name)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared. Yes No

Student's Signature: _____ Date: _____

TO THE PROFESSOR: The student named above is applying for the Maymester Scholarship. Please evaluate this candidate with particular attention to his/her potential as a recipient of this scholarship. Please return this form to the **Office of International Programs**. Thank you for your assistance.

1. How long have you known the candidate? _____
2. Please rate the candidate in the following areas:

	Unable to Evaluate	Low	Acceptable	Very Good	Excellent
Academic Ability					
Seriousness as a student					
Maturity					
Reliability					
Integrity					
Respect for customs, rules and values of others					

3. If you were the faculty leader of this study abroad program, would you want this student in your program?
 Recommend without reservation Recommend with reservation Not recommended
4. Please include any additional comments on scholarship, character, or personality that will help the selection committee determine the candidate's qualifications for this scholarship.

Professor's Name: _____ Department: _____

Signature: _____ Date: _____