

Letter of Recommendation Form

Waiver of Access to Letter of Recommendation:

Under the Federal Family Education Rights and Privacy Act of 1974 and the California Information Practices Act of 1977, students are given the right to inspect their records, including letters of recommendation.

I expressly: waive do not waive my access to this letter of recommendation.

SIGNATURE OF APPLICANT _____ DATE: _____

APPLICANT NAME _____ COUNTRY OF STUDY _____

DATE RECOMMENDATION REQUESTED _____ DATE TO SUBMIT TO EAP/OAP Office _____

How long and in what capacity have you known the applicant?

If you were directing a program abroad, would you be:

reluctant, pleased, or enthusiastic to have this student on your program?

Please rate the applicant on the following, in comparison with others of similar age and experience:

	<u>Strong</u>	<u>Adequate</u>	<u>Weak</u>	<u>Unable to Judge</u>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probability of success in a foreign culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve complex problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance of differences	<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"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Signature of Recommender Title/Position _____ Date _____

Print Name of Recommender Department _____ Phone number and/or email _____

If Recommender is a Teaching Assistant

Signature of Supervising Professor Print Name of Supervising Professor _____

Instructions - Letter of Recommendation Form

TO THE APPLICANT:

- 1) **Waiver:** On the reverse side, fill in the box **COMPLETELY BEFORE** giving this form to your recommender.
- 2) **Deadline:** Mark the deadline **BELOW** that is appropriate for your application.
- 3) **Mailing:** Provide an envelope addressed to International Education Center to the recommender, if you will not pick up the completed form in person. No stamp is needed if sending through UCR campus mail.
- 4) **Copies:** If you waive your access to this completed recommendation, you **DO NOT** need to make photocopies for the application packet. This is because you will not be allowed to see the form after its completion.
- 5) **Application Deadline:** Write your application deadline in the section below and include this paper when you are requesting your letter of recommendation.
 - a. **EAP Deadline:** _____ (example—January 14, 2013)

TO THE RECOMMENDER:

By the indicated deadline date (above), please return this form directly to the student or to the address below.

The EAP application deadlines are available at eapoap.ucr.edu

If returning directly to study abroad office, send to:

	University of California, Riverside
	Education Abroad Program and Opportunities Abroad Program
	Olmsted Hall Room 2322
	Riverside, CA 92521-0307
Phone: (951) 827-2508	
Fax: (951) 827-2618**	

****NOTE** - If faxing, please also submit original through the mail.

Thank you for taking the time to write a letter of recommendation for one of our applicants. By doing so, you make it possible for a UCR student to go abroad to one of over 151 universities in 36 countries, for what may be the most challenging and rewarding experience of his/her academic career. Many EAP programs run for the full academic year, although there are a number of short-term programs as well. Most EAP participants study in regular host university courses. The program offers UC undergraduates and graduates the opportunity to incorporate overseas study into their regular academic program.

Letters of recommendation are an important component of a student's EAP application. These letters are examined carefully by faculty interviewers, regional directors and host university officials, and play a fundamental role in the selection of EAP participants.

PLEASE WRITE SHORT PARAGRAPH ABOUT STUDENT (however, feel free to write more) and keeping in mind that selection is based on academic achievement, seriousness of purpose, personal maturity, and perceived ability to adapt to a new environment. In addition, feel free to attach separate comments on letterhead stationary, however, please be sure to sign both documents.

***Special Note to Teaching Assistants*:** We find your recommendations invaluable to the Campus EAP Selection Process, however, our partner institutions abroad often disregard recommendations that arrive without a professor level signature. After completing the recommendation, please take a moment to request the confirmation signature of the professor with whom you work. Thank you.

(OVER)