

Recommendation Form

Your application cannot be considered until Arcadia University receives this form. Please fill out the Student Information and Program Choices section and then submit this form for completion by a faculty referee who is familiar with your performance in the classroom.

STUDENT INFORMATION

Current Institution _____ Birth Date _____

Name (please print) _____
first middle last

Current Address _____
street city or town state zip code

Telephone (_____) _____ E-mail Address _____

PROGRAM CHOICES (Make your program choices from the attached list.)

Please list your top three program choices in order of preference. Note: your application is submitted to only one program at a time.

Program Choice #1 _____ Study Period _____ 20 _____

Program Choice #2 _____ Study Period _____ 20 _____

Program Choice #3 _____ Study Period _____ 20 _____

Study Period Codes	
AY	Academic year
FS	Fall semester
FT	Fall term
PS	Pre-session
SS	Spring semester
STT	Two spring terms
SUS	Summer semester
SU	Summer program

I hereby authorize this form to be completed and sent to The College of Global Studies at Arcadia University. I hereby (check one): waive do not waive my rights of access to this information.

Student's Signature _____ Date _____

ACADEMIC REFERENCE

To the major faculty referee:

The student named above is applying for Arcadia University The College of Global Studies program(s) noted above. **The student's application will not be complete until we receive this form.** Because all admissions are handled on a rolling admissions basis, your prompt response will be appreciated. Please send the completed form to the address as it appears above.

On a separate sheet of your institution's letterhead, please write an assessment of the applicant which answers the following questions:

1. In what capacity and for what length of time have you known the applicant?
2. What courses did the applicant take with you?
3. Discuss the quality of academic work prepared by the applicant.
4. Comment upon the applicant's overall familiarity with the subject matter of the courses in which you taught him/her.
5. How would you rate this applicant's intellectual motivation?
6. Comment on the applicant's suitability for study abroad in terms of: (a) personal factors: stability, independence of mind, creative ability; (b) motivation.
7. List any special considerations of which we should be aware.

Dr/Mr/Ms _____ Position _____

Department _____ Institution _____

Address _____
street city or town state zip code

Phone (_____) _____ Fax (_____) _____ E-mail Address _____

Signature

Date