

Kirkwood Community College
Faculty Recommendation Form
Program _____

Name of Applicant: _____

Reference requested from: _____

Faculty Member

How do you know the Applicant:

- Current Student of mine
- Previous Student of mine
- Other: _____

According to the following criteria, how would you evaluate the applicant's readiness for study abroad?

	Unable to evaluate	Low	Acceptable	Very good	excellent
Motivation for study abroad					
Academic performance					
Emotional stability					
Respect for customs, rules and values of others					
Ability to handle stress					
Flexibility					

- I recommend this applicant without reservation**
- I recommend this application with reservation**
- I do not recommend this applicant**

Please describe reservation: _____

Name of Referee: _____

Signature of Referee: _____ Date _____

Please return completed form to:

International Studies Office
 Attn: Laurie Driscoll
 134 Linn Hall
 6301 Kirkwood Blvd SW
 Cedar Rapids, IA 52406
 319-398-5884 ldrisco@kirkwood.edu