

## ACADEMIC RECOMMENDATION FORM

### To the applicant...

Please complete the top portion of this form before giving it to your reference.

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 grants students the right to see their letters of recommendation unless they explicitly waive that right.

- I waive my right to review this document.  
 I do not waive my right to review this document.

### To the evaluator...

The above-named student is applying to *Odyssey in Athens*, a study abroad program of the University of Indianapolis, Athens Campus. We would appreciate your assessment of this student's abilities, personal qualifications, and suitability for study in a foreign country. Please return this form in a sealed envelope to the applicant, who will send it together with other support materials to the Admissions Office. Should you need additional space please feel free to use extra pages. Thank you for your assistance.

For how long and in what capacity have you known the applicant? \_\_\_\_\_

What is your estimation of the applicant's academic abilities and motivation? \_\_\_\_\_

What is your view of the applicant's personal attributes, emotional maturity, good judgment, resilience, integrity, and ability to relate to others? \_\_\_\_\_

What is your opinion of the applicant's changes for success in a study abroad program? How do you think s/he would benefit from this experience? \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ODYSSEY  
IN ATHENS

