STUDY ABROAD STUDENT EVALUATION
NON-NIU STUDENTS

DEADLINE:

TO THE APPLICANT:
Under provision of the Family Educational Rights & Privacy Act of 1974:

□ I waive my right of access to this recommendation.           □ I retain my right to access this recommendation.

Applicant’s Signature__________________________ Date:_______________________

Applicant’s Name (Please print.)___________________________________________________

Program/Country_______________________________________________________________

FALL______          SPRING______          SUMMER______          ACADEMIC YEAR____ - ____

TO THE EVALUATOR:
The applicant is applying to a study abroad program sponsored by Northern Illinois University. A period of study abroad is challenging and exciting for most undergraduates. At the same time, it can be very demanding. It is important that you give us your candid evaluation on the preparation and suitability of the student for this program. Please ask the student to share with you the program description, or if you need additional information, please visit our web site at http://www.niu.edu/niuabroad. Please use additional if necessary. Your prompt response will help determine whether we accept the applicant into the program.

Please complete, sign, date, and return this evaluation to: Northern Illinois University, The Study Abroad Office, Williston Hall 417. Telephone: 753-0420. E-mail: niuabroad@niu.edu

Please answer the following questions. Use a separate sheet if you need additional space.

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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please turn over →
Applicant’s Name:_________________________________________________________

2. How would you rate the applicant’s general abilities and potential in relation to others you have known at comparable stages in their university careers?
   □ Lower 50%    □ Upper 50%    □ Upper 25%    □ Upper 10%    □ 2%

3. Does the applicant attend classes regularly?  □ Yes  □ No

4. Is the applicant prone to rash behavior?  □ Yes  □ No

5. Does the applicant exercise good judgment? □ Yes  □ No

6. To your knowledge, has the applicant ever been insensitive to other people’s cultures?
   □ Yes  □ No

7. Based on your knowledge of the program, is the program appropriate for the applicant? Will the applicant benefit from this experience? Please comment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. If you were a resident director of this program, would you welcome this student as a participant, or would you have reservations? Please comment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Do you approve the student’s projected study? □ Yes  □ No

10. Will study abroad prolong the student’s academic program?
    □ Yes  □ No  □ Don’t know.
Applicant’s Name:__________________________________________________________

11.  □ I strongly recommend this student.
    □ I recommend this student but have some reservations as noted above.
    □ I recommend this student.
    □ I cannot recommend this student.

12. If the student is applying to a language program:
    If you are familiar with the applicant’s language ability, please complete the enclosed language recommendation form.

    Please sign below and return this form by the deadlines. Thank you.

    Signature, printed name, and title

    Department / address

    Telephone: _________________________________
    E-mail address: _________________________________
    Date: _________________________________

Contact:
Northern Illinois University, The Study Abroad Office – Williston Hall 417, DeKalb, IL 60115-2854
Telephone: (815) 753-0420 or 753-0304 Email: niuabroad@niu.edu.
Website: www.niu.edu/niuabroad.

DEADLINES: Fall/Academic Year: June 1 Spring: November 1 Summer: April 1