ENCUENTRO DOMINICANO APPLICATION
LETTER OF RECOMMENDATION FROM ACADEMIC ADVISOR

PART I: TO BE COMPLETED BY THE APPLICANT

Name of Applicant: ____________________________
Intended Term of Participation: ____________________________

The Family Educational Rights and Privacy Act of 1974 opens certain student records for the students inspection. The law also permits the student to sign a waiver relinquishing her/his rights to inspect letters of recommendation. Your signature below constitutes a waiver; no signature means you do not wish to relinquish that right.

Applicant’s Signature: __________________________________________
Date: __/__/____

PART II: TO BE COMPLETED BY THE APPLICANT’S ACADEMIC ADVISOR

Please refer to the guidelines below in writing your evaluation of the applicant. If you are unable to provide an evaluation of the applicant, please indicate “Unable to Access” in each of the categories below. Space is provided on this form for your candid assessment of the applicant. If you prefer to write a letter, please answer the questions below, sign the form, and attach it to your letter. Please make sure that this recommendation reaches the Office of International Program (OIP) on or before October 1st for spring semester applicants or March 1st for fall semester applicants.

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

2. How would you rate the applicant’s general abilities and potential in relation to others you have known at similar stages?

   Abilities: __________________________________________

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Unable to Assess</th>
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<tbody>
<tr>
<td>Academic Preparation</td>
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<td>Seriousness of purpose</td>
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<td>Emotional stability and maturity</td>
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<td>Self-Reliance and independence</td>
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<td>Open-mindedness, ability to adapt to new situations</td>
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<td>Ability to follow directions</td>
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3. How will this experience enrich the applicant’s educational goals?

4. Please comment on the applicant's ability and intent to engage in this learning experience in a serious manner.

Printed Name: __________________________________________
Advisor’s Signature: __________________________________________
Date: __/__/____
Department: __________________________________________
Phone: __________________________________________

Please return completed form to the applicant in a sealed envelope, or mail to:
Attn: Study Abroad Coordinator, Office of International Programs, Harper Center 4036