OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD

FLPA APPLICATION FOR PARTICIPATION
FACULTY LETTER OF RECOMMENDATION

PART I: TO BE COMPLETED BY THE APPLICANT

Name of Applicant (please print) ________________________________
Country & Intended Term of Participation (e.g. China, Summer 2014) ____________________

The Family Educational Rights and Privacy Act of 1974 opens certain student records for the student’s 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 DESIGNATED FACULTY LEADER OF THE TRAVEL COURSE

Space is provided on this form for your candid assessment of the applicant, but 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 Programs (OIP) on or before February 1st, so that the student may be eligible for final acceptance into the program. NOTE: If you select “no,” in Question #2, the applicant will NOT be considered for participation in your FLPA program and will not receive final acceptance to participate from the OIP.

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

<table>
<thead>
<tr>
<th>Abilities</th>
<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>Open-mindedness, ability to adapt to new situations</td>
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<td>Ability to follow directions</td>
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2. Have you met with this student, formally or informally, and feel that you can recommend him/her for participation in your faculty-led program abroad?
   - Yes, I FULLY support this student’s application and recommend him/her for participation.
   - Yes, I SOMEWHAT support this student’s application, but with reservations. (please explain below)
   - No, I CANNOT recommend this student’s participation in my FLPA. (please explain below)

   Additional Comments:

Printed Name: ___________________________________________ Department: ______________________

Signature: ______________________________________________________ Date: _____/___/___

Please return the completed recommendation to the applicant in a sealed envelope, OR fax or mail directly to:
Office of International Programs, Creighton University
2500 California Plaza
Omaha, NE 68178
Phone: 402-280-2221; Fax: 402-280-2211