THE UNIVERSITY OF RHODE ISLAND

URI ID Number ☐☐☐☐☐☐☐☐☐☐

URI Study Abroad Recommendation Form

Applicant's Last Name

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Applicant's First Name

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Program/Institution Applying to:

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Semester(s) abroad (check one): ☐ **Academic year 20**☐☐**-20**☐☐ ☐ **Fall semester 20**☐☐ ☐ **Spring semester 20**☐☐

I hereby request that you complete and submit this confidential Recommendation Form to the URI Office of International Education. I understand that with my signature below, I waive my right to access the information contained herein.

______________________________ ______________________________

Applicant's Signature **Date**

To be completed by individual providing reference

The applicant named above is applying to a URI study abroad program. Please rate this individual on the following characteristics to the best of your ability. On a separate letter, or on the back of this document, please feel free to make any additional comments concerning the applicant and/or their qualifications for the program.

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

____

Please rate the applicant in the following areas:

	Excellent	Good	Average	Fair	Poor	Unable to Rate
Academic interest and motivation	☐	☐	☐	☐	☐	☐
Responsibility and reliability	☐	☐	☐	☐	☐	☐
Adaptability to anything new or unstructured	☐	☐	☐	☐	☐	☐
Maturity, self-confidence and self esteem	☐	☐	☐	☐	☐	☐
Social interaction	☐	☐	☐	☐	☐	☐

Evaluator's Name and Title: ____

Academic Department and College: ____

E-mail: ____________________________ **Office Phone:** ____________________________

Signature: ____________________________ **Date:** ____________________________

Rev. 7/09

Return this form to: URI Office of International Education, Room 107, Taft Hall, Kingston, RI 02881
oie@etal.uri.edu – tel. (401)874-5546 – fax (401)874-4573 – www.uri.edu/international

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