

Study Abroad Academic Reference Letter Form

Washburn University • Office of International Programs

1700 SW College Ave. • Topeka, KS 66621

Phone (785) 670-1051 • Fax (785) 670-1067

studyabroad@washburn.edu • www.washburn.edu/iip

Applicant: Please complete this portion of the recommendation form and give it to a faculty member who has agreed to write a reference for you.

Last name

First name

Middle Initial

WIN number

Program for which you are applying

City, Country

☐ Fall 20__ ☐ Spring 20__ ☐ Academic Year 20__-20__ ☐ Summer 20__ Semester of enrollment

Under the U.S. federal law (section 438 of Public Law 90-247, as amended), students are permitted access to certain educational records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that recommendations may have greater effect when written in confidence. If you waive your right to inspect the information in this form, please sign below.

X _____
Applicant signature (optional)

Date

Dear Faculty Member:

Thank you for agreeing to complete this reference form. The student named above has applied for a WU study abroad program and/or scholarship. Acceptance to this program is based on academic ability as well as maturity. It is important to the student and to the University that we select only those students who are most likely to succeed in and benefit from this program. We appreciate your opinion as you answer the following questions.

If you would rather write a letter of reference, please use this form as a guide in providing the information we feel necessary in helping us make admission decisions. The student's application cannot be processed until the references are received. We would appreciate receiving your response as soon as possible. Please either return the form to the student in a sealed envelope or mail it to:

Office of International Programs
Washburn University
1700 SW College Avenue
Topeka, Kansas 66621

Applicant name: _____ **WIN** _____

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

B. Please indicate the applicant's ability and competence in the following areas in comparison with other individuals whom you have at similar stages in their academic careers.

| | Excellent | Good | Average | Below Average | Unknown |
|---|-----------|------|---------|---------------|---------|
| Knowledge in area of specialization | | | | | |
| Ability to express thoughts in speech and writing | | | | | |
| Self-assured and independent | | | | | |
| Ability to plan and carry out independent study | | | | | |
| Academic potential | | | | | |
| Emotionally mature | | | | | |
| Socially mature | | | | | |
| Cooperative | | | | | |
| Respect for other cultures | | | | | |
| Well-mannered | | | | | |

C. Language Ability If applicable, if not please move to section D.

Please indicate your opinion of the applicant's present language ability in each of the following categories:

| | None | Limited, basic ability | Intermediate, some consistency | Advanced, can use complex structures |
|-------------------|------|------------------------|--------------------------------|--------------------------------------|
| Listening ability | | | | |
| Speaking ability | | | | |
| Reading ability | | | | |
| Writing ability | | | | |

D. Comments

Please check the statement that most accurately reflects your opinion regarding this applicant.

_____ The student has my strong recommendation.

_____ I cannot recommend this student for the program.

_____ I have minor reservations, but am willing to recommend this student with the following reservations:

You may attach a sheet if necessary to make any additional comments related to the applicant's qualifications for the program for which you feel may affect a successful study abroad experience.

X _____
Signature

Date

Name (please print or type)

Position/Title

Department/School

Institution, City, State

Email

Thank You!