



## The Study Abroad Foundation

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## ACADEMIC RECOMMENDATION

### To the Student

Please complete and sign this section before asking your referee to complete and forward this form to our office. We recommend that you have this form completed by a faculty member who has taught you in the subject area you plan to study overseas. You should discuss your intention to study abroad and have him or her complete this form.

### Authorization and Release Information

I hereby waive my right to access to the information on this form and ask that it be completed and forwarded to the student for submission

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

Name \_\_\_\_\_  
(First) (Last)

Telephone number at university \_\_\_\_\_

Major \_\_\_\_\_

TOEFL/IELTS \_\_\_\_\_

Class standing ☐ 1<sup>st</sup> year ☐ 2<sup>nd</sup> year ☐ 3<sup>rd</sup> year ☐ 4<sup>th</sup> year

Academic subjects and/or departments you intend to study while abroad:

\_\_\_\_\_

### To the Faculty Member

This form is an integral part of the above student's application to study abroad through SAF, a non-profit organization that offers fully integrated study abroad opportunities for university students.

To help ensure favorable consideration of this student's application to one of our host universities abroad, we ask that you complete both sides of this form and forward it directly to the student for submission.

Admission to our programs is competitive and selective. SAF programs operate on a rolling-admission policy, which means some programs may close before the published application deadline. We would appreciate your completing this form in English.

We seek your evaluation of the student's academic ability as well as his or her social maturity and emotional strengths in terms of undertaking a period of study abroad. We are particularly interested in your assessment of the student's academic motivation and any special attributes relevant to foreign study. Your noting any weakness that may impede the student's success abroad also would be of great help to us.

We appreciate your taking time to assist this student and hope that you will contact our office if you have any questions about this student's application or about any of our study abroad programs, services, or overseas partners.

### Please indicate the host countries you would like to apply for.

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Korea          |
| <input type="checkbox"/> Canada    | <input type="checkbox"/> New Zealand    |
| <input type="checkbox"/> China     | <input type="checkbox"/> Spain          |
| <input type="checkbox"/> France    | <input type="checkbox"/> Switzerland    |
| <input type="checkbox"/> Germany   | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Ireland   | <input type="checkbox"/> United States  |

### Program Type

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Courses                       | <input type="checkbox"/> Language Courses |
| <input type="checkbox"/> Internship Program                     | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Summer                                 | <input type="checkbox"/> Concurrent       |
| <input type="checkbox"/> Progress from Language to Academic     |   |
| <input type="checkbox"/> Progress from Language to Concurrent   |   |
| <input type="checkbox"/> Progress from Language to Internship   |   |
| <input type="checkbox"/> Progress from Concurrent to Academic   |   |
| <input type="checkbox"/> Combination of Academic and Internship |   |

If your TOEFL/IELTS result does not meet the requirement, please indicate your intention of enrollment in a pre-session English (ESL) program prior to the academic program:

- ☐ Yes ☐ No

### Program Length

- |  |  |
|--|--|
| <input type="checkbox"/> Fall Semester     | <input type="checkbox"/> Spring Semester   |
| <input type="checkbox"/> One Academic Year | <input type="checkbox"/> One Calendar Year |
| <input type="checkbox"/> March to December | <input type="checkbox"/> March to March    |
| <input type="checkbox"/> August to March   | <input type="checkbox"/> March to July/Aug |
|  | <input type="checkbox"/> Summer Session    |

### I plan to study in one of the following SAF university/college:

1<sup>st</sup> Choice \_\_\_\_\_

From (month/year) \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

From (month/year) \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

From (month/year) \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

University \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_



Student \_\_\_\_\_ Home University \_\_\_\_\_

How long and in what capacity have you known this student?

Please list any courses this student has taken with you:

What is your general estimate of this student's intellectual ability and academic motivation?

On a scale of 1 (low) to 10 (high), how does this student rank in the following areas?

Writing ability	1	2	3	4	5	6	7	8	9	10
Quantitative ability	1	2	3	4	5	6	7	8	9	10
Critical thinking ability	1	2	3	4	5	6	7	8	9	10
Knowledge of major subject	1	2	3	4	5	6	7	8	9	10

Have you found this student to be a mature and stable person? ☐ Yes ☐ No, if no, please comment.

Do you think this student would make the personal, social, and academic adjustment to an overseas program? ☐ Yes ☐ No  
Please comment as you feel appropriate.

Do you have any additional comments about this student?

Please complete both pages of this form and sign below.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_