ARCADIA UNIVERSITY
—THE COLLEGE OF GLOBAL STUDIES—

450 South Easton Road
Glenside, PA 19038-3295
Toll-Free: 1-866-927-2234
Fax: 215-572-2174
E-mail: educationabroad@arcadia.edu

Recommendation Form

Your application cannot be considered until Arcadia University receives this form. Please fill out the Student Information and Program Choice section and then submit this form for completion by a faculty referee who is familiar with your performance in the classroom.

Student Information

Current Institution_____ Birth Date_____

Name (please print) _____
first middle last

Current Address_____
street city or town state zip code

Telephone (_____)_____ E-mail Address_____

Program Choices (Make your program choices from the attached list.)

Study Period Codes:

AY	Academic Year	FS	Fall Semester	ST	Spring Term	STT	Two Spring Terms	SU	Summer Program
PS	Pre-session	FT	Fall Term	SS	Spring Semester	SUS	Summer Semester	JAN	January Term

Please list your top three program choices in order of preference. Note: your application is submitted to only one program at a time.

Program Choice #1 _____ Study Period _____ 20_____

Program Choice #2 _____ Study Period _____ 20_____

Program Choice #3 _____ Study Period _____ 20_____

I hereby authorize this form to be completed and sent to The College of Global Studies at Arcadia University. I hereby (check one) ☐ waive ☐ do not waive my rights of access to this information.

_____ _____
Student's Signature Date

Academic Reference

To the major faculty referee:
The student named above is applying for Arcadia University The College of Global Studies program(s) noted above. ***The student's application will not be complete until we receive this form.*** Because all admissions are handled on a rolling basis, your prompt response will be appreciated. Please send the completed form to the address as it appears above. On a separate sheet of your institution's letterhead, please write an assessment of the applicant which answers the following questions:

1. In what capacity and for what length of time have you known the applicant?
2. What courses did the applicant take with you?
3. Discuss the quality of academic work prepared by the applicant.
4. Comment upon the applicant's overall familiarity with the subject matter of the courses in which you taught him/her.
5. How would you rate this applicant's intellectual motivation?
6. Comment on the applicant's suitability for study abroad in terms of: (a) personal factors: stability, independence of mind, creative ability; (b) motivation.
7. List any special considerations of which we should be aware.

Dr/Mr/Ms _____ Position_____

Department_____ Institution_____

Address_____
street city or town state zip code

Phone (_____)_____ Fax (_____)_____ E-mail Address _____

_____ _____
Signature Date