Recommendation for Study Abroad

Study Abroad Office • C.W. Post Campus • Long Island University
720 Northern Boulevard • Brookville, N.Y. 11548-1300
516-299-2508 • Fax: 516-299-2798 • E-mail: patricia.murdock@liu.edu

STUDENT MUST COMPLETE THE FOLLOWING:
Student's Name
Waiver The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means that the student will have the right to read this reference.
Student's signature
Date
TO THE RECOMMENDER: How long have you known the applicant?
What has been your relationship to the applicant? Professor
Academic advisor Graduate Student Instructor
On a separate sheet, please comment specifically on the applicant in terms of the following: (a) academic suitability; (b) personal suitability; (c) weaknesses; (d) linguistic preparation, <i>if applicable</i> ; and (e) any other factors relevant to the applicant's ability to participate successfully in a study abroad program.
Type or Print Name Title or Position
Academic Department and Phone number
Signature/ Date

Thank you for your recommendation. Please return the form yourself to the Study Abroad Office, by campus mail or regular post, or give the completed form to the student in a sealed envelope for return to the Study Abroad Office.