ACADEMIC RECOMMENDATION FORM

I. Instructions to the Applicant
This Recommendation Form must be completed by a BC faculty member with whom you have studied or pursued research. Please include this form with your application materials and checklist.

Please provide the recommender with an envelope addressed to you as the applicant. The recommender must seal the envelope and sign along the flap.

Name of Recommender__________________________________________________________
Title________________________________________________________________________
Department_____________________________________________________________________

Under the Family Education Rights and Privacy Act of 1974, you will have access to the information unless you have waived such access. Please sign and date below to inform us of your decision.

I do not waive my right of access to the information in this recommendation.
_____________________________  ____________________
Signature of applicant   Date

I hereby waive my right of access to this information in this recommendation.
_____________________________  ____________________
Signature of applicant   Date

II. Recommender
Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant will have access to the information provided unless he/she has waived such access.

The student named above is applying for admission to a Boston College study abroad program. Your candid estimate of this student's intellect and personal qualities is important to determine the applicant’s maturity and academic background needed to succeed abroad. Please keep in mind that the student’s recommendation form will be evaluated by the host university to which the student is applying.

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

2. Please rate the applicant in comparison with others whom you have known at similar stages in their development.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relates well to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to organize and express ideas clearly and creatively in writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate orally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership qualities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. OPTIONAL Please provide a brief statement about the student’s strengths and weaknesses as they relate to the proposed study abroad experience.

Name (print)___________________________________________________ Date: ______________

Signature____________________________________________________________________________

Thank you! The Office of International Programs appreciates your help.

PLEASE SIGN, SEAL THE ENVELOPE AND RETURN DIRECTLY TO STUDENT

Updated, August 13, 2009