

## STUDY ABROAD STUDENT EVALUATION NON-NIU STUDENTS

### DEADLINE:

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#### **TO THE APPLICANT:**

Under provision of the Family Educational Rights & Privacy Act of 1974:

I **waive my right** of access to this recommendation.

I **retain my right** to access this recommendation.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Applicant's Name (Please print.) \_\_\_\_\_

Program/Country \_\_\_\_\_

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_ - \_\_\_\_

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#### **TO THE EVALUATOR:**

The applicant is applying to a study abroad program sponsored by Northern Illinois University. A period of study abroad is challenging and exciting for most undergraduates. At the same time, it can be very demanding. It is important that you give us your candid evaluation on the preparation and suitability of the student for this program. Please ask the student to share with you the program description, or if you need additional information, please visit our web site at <http://www.niu.edu/niuabroad>. Please use additional if necessary. **Your prompt response will help determine whether we accept the applicant into the program.**

***Please complete, sign, date, and return this evaluation to: Northern Illinois University, The Study Abroad Office, Williston Hall 417. Telephone: 753-0420. E-mail: [niuabroad@niu.edu](mailto:niuabroad@niu.edu)***

Please answer the following questions. Use a separate sheet if you need additional space.

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

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*Please turn over →*

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Applicant's Name: \_\_\_\_\_

2. How would you rate the applicant's general abilities and potential in relation to others you have known at comparable stages in their university careers?

- Lower 50%       Upper 50%       Upper 25%       Upper 10%       2%

3. Does the applicant attend classes regularly?       Yes       No

4. Is the applicant prone to rash behavior?       Yes       No

5. Does the applicant exercise good judgment?       Yes       No

6. To your knowledge, has the applicant ever been insensitive to other people's cultures?

- Yes       No

7. Based on your knowledge of the program, is the program appropriate for the applicant? Will the applicant benefit from this experience? *Please comment:*

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8. If you were a resident director of this program, would you welcome this student as a participant, or would you have reservations? *Please comment:*

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9. Do you approve the student's projected study?       Yes       No

10. Will study abroad prolong the student's academic program?

- Yes       No       Don't know.
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Applicant's Name: \_\_\_\_\_

- 11.  I strongly recommend this student.
  
- I recommend this student but have some reservations as noted above.
  
- I recommend this student.
  
- I cannot recommend this student.

**12. If the student is applying to a language program:**

If you are familiar with the applicant's language ability, please complete the enclosed language recommendation form.

Please sign below and return this form by the deadlines. Thank you.

\_\_\_\_\_  
Signature, printed name, and title

\_\_\_\_\_  
Department / address

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact:**

Northern Illinois University, The Study Abroad Office – Williston Hall 417, DeKalb, IL 60115-2854

Telephone: (815) 753-0420 or 753-0304      Email: [niuabroad@niu.edu](mailto:niuabroad@niu.edu).

Website: [www.niu.edu/niuabroad](http://www.niu.edu/niuabroad).

**DEADLINES:**              Fall/Academic Year: June 1      Spring: November 1      Summer: April 1