



# CCIS STUDY ABROAD APPLICATION:

## CONFIDENTIAL RECOMMENDATION FORM

**Part I: Student Recommendation Form for:**

Name of Applicant

Date of Request (mm/dd/yyyy)

Name of CCIS Institution Student Applied To:  
CCIS STUDY ABROAD PROGRAM

Country:

City:

Evaluator's Full Name

Position

**STOP! Supply the above information, go to the tool bar or file menu to SAVE THE FORM and then email the form to your evaluator. DO NOT click the SUBMIT button.**

**Part II. To be completed by the evaluator.** (Please fill out the requested information, save the form and click the SUBMIT RECOMMENDATION button on the last page to send the form directly to the appropriate institution)

The above-mentioned applicant is applying for the CCIS study abroad program designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar.

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the additional comments section on the next page if necessary.

Excellent      Good      Fair      Poor      No opportunity  
to observe

Competence in major/specialization

Academic interest and motivation

Capacity for independent study

Ability to express thoughts in speech/writing

Reliability

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# CONFIDENTIAL RECOMMENDATION FORM page 2

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3 Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section as necessary.

Excellent      Good      Fair      Poor      No opportunity  
to observe

Ability to adapt to new or unstructured circumstances

Self-reliance/independence

Ability to relate well to others

Emotional stability

Open-mindedness

Integrity

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience.

Evaluator's Typed Name as Signature

Date (mm/dd/yyyy)

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Position/Title

Telephone Number

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Office Address

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