

# Faculty Recommendation

**Instructions:** Student completes the top section before giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

## *Applicant Completes*

Applicant's Name: \_\_\_\_\_ Applicant's CSU Campus: San José State University

Study Abroad Location: \_\_\_\_\_  
*University City Country*

## *Faculty Member Completes*

1. How well do you know the applicant? Please check the most appropriate response.

- Extensive contact as an advisor   
Well acquainted in classroom environment   
Limited contact in classroom environment

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. Circle the most appropriate response.

<u>Quality</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Below Average</u>	<u>Unable to Judge</u>
Academic Ability	4	3	2	1	0
Maturity	4	3	2	1	0
Cooperation	4	3	2	1	0
Adaptability	4	3	2	1	0
Initiative/Motivation	4	3	2	1	0

3. Based on knowledge of the applicant, please comment on his/her ability to participate in and benefit from a semester or a year of study abroad in the Bilateral Exchange Programs. Please use the backside of this form for your remarks, or you may attach another sheet if necessary.

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

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Please return this form to:  
Study Abroad c/o International Programs and Services  
San José State University  
One Washington, Clark Hall, Room 543  
San José, CA 95192-0221  
Tel.: 408-924-5931

# Faculty Recommendation

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## *Applicant Completes*

Applicant's Name: \_\_\_\_\_ Applicant's CSU Campus: San José State University

Study Abroad Location: \_\_\_\_\_  
*University* *City* *Country*

## *Faculty Member Completes*

4. How well do you know the applicant? Please check the most appropriate response.

- Extensive contact as an advisor   
Well acquainted in classroom environment   
Limited contact in classroom environment

5. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. Circle the most appropriate response.

<u>Quality</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Below Average</u>	<u>Unable to Judge</u>
Academic Ability	4	3	2	1	0
Maturity	4	3	2	1	0
Cooperation	4	3	2	1	0
Adaptability	4	3	2	1	0
Initiative/Motivation	4	3	2	1	0

6. Based on knowledge of the applicant, please comment on his/her ability to participate in and benefit from a semester or a year of study abroad in the Bilateral Exchange Programs. Please use the backside of this form for your remarks, or you may attach another sheet if necessary.

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

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

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# Foreign Language Faculty Recommendation

**Instructions:** Student completes the top section before giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

## *Applicant Completes*

Applicant's Name: \_\_\_\_\_ Applicant's CSU Campus: San José State University

Study Abroad Location: \_\_\_\_\_  
*University City Country*

## *Faculty Member Completes*

**To be completed by foreign language faculty only:** Please complete all items listed below.  
Evaluation is to be based on classroom observation or a conversation of about 5-15 minutes in duration.

1. Language evaluated: \_\_\_\_\_

2. In terms of the foreign language skills required to function successfully within an overseas study program, rate the applicant (circle the most appropriate response below).

	<u>Excellent</u>	<u>Very Good</u>	<u>Average</u>	<u>Below Average</u>	<u>Unable to Judge</u>
Reading Comprehension	4	3	2	1	0
Writing Competency	4	3	2	1	0
Oral Comprehension	4	3	2	1	0
General Conversation	4	3	2	1	0

3. Will this student have achieved intermediate competency by the end of the Spring Term?

- Yes, language competency is advanced.
- Yes, language competency is adequate.
- No, language competency is inadequate for successful study.

4. Based on your knowledge of the applicant's **language ability**, please comment on his/her ability to participate in and benefit from a year of study overseas in the Bilateral Exchange Programs.

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

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Please return this form to:  
Study Abroad c/o International Programs and Services  
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