



The World – See It For Yourself!

Study Abroad Academic Reference Form

To Be Completed by Applicant

Applicant's Name: _____ Last 4 digits of SSN: _____

Email Address: _____ Primary Phone #: _____

Anticipated Program: _____ Program Dates: _____

Program Location: City _____ Country _____

To the applicant: U.S. federal law (Section 438 of Public Law 90-247, as amended) permits students to have access to certain academic records. Section 438(a) (2) (B) provides that a student may waive the right to inspect confidential letters of recommendation. If you waive your right to inspect this form, please sign below:

Applicant's Signature: _____ Date: _____

Note: This form must be completed by a **USC faculty member** who has knowledge of your academic performance and abilities. Recommendations by staff members, high school teachers, community members, etc. **will not** be considered.

To Be Completed by Recommender

On a separate page, please comment on the applicant's suitability for study abroad. Address the following questions in your comments: **1)** How long and in what capacity have you known the applicant? **2)** How prepared, academically and personally, is the applicant for study abroad? **3)** How will study abroad benefit the applicant? **4)** What other factors may affect the applicant's ability to have a successful study abroad experience?

Please complete the chart below.

	Excellent	Good	Average	Poor	NA
Knowledge in area of specialization					
Ability to plan and conduct research independently					
Ability to express thoughts in speech and writing					
Emotional stability and maturity					
Independence and self-reliance					

Recommender's Name (printed): _____

Signature: _____ Position/Title _____

Email Address: _____ Primary Phone #: _____

Please return completed recommendation form with comments to:

Study Abroad Office
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 Columbia, SC 29208
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 Fax (803) 777-7559