Study Abroad Academic Reference Form

To Be Competed by Applicant

Applicant’s Name: ___________________________________________ Last 4 digits of SSN: ____________
Email Address: ____________________________________ Primary Phone #: _________________________
Anticipated Program: _______________________________ Program Dates: ___________________________
Program Location: City ______________________________ Countr_________

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.

<table>
<thead>
<tr>
<th>Knowledge in area of specialization</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Ability to plan and conduct research independently</td>
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<td>Ability to express thoughts in speech and writing</td>
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<td>Emotional stability and maturity</td>
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<td>Independence and self-reliance</td>
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</table>

Recommender’s Name (printed): ________________________________________________________________
Signature: ___________________________________________ Position/Title________________________________
Email Address: ____________________________________ Primary Phone #: _________________________

Please return completed recommendation form with comments to:

Study Abroad Office
Legare College, Suite 321
Columbia, SC 29208
Ph (803) 777-7557
Fax (803) 777-7559