

# Faculty Recommendation



*Do not submit recommendations from employers, university staff, or administrators.*

Deadline • February 1  
(Australia, New Zealand and South Africa: May 1)

Please type or print with black ink.

**Applicant:** Please complete top section.

Applicant's Name \_\_\_\_\_ CSU Campus \_\_\_\_\_

Country applied for \_\_\_\_\_ Program \_\_\_\_\_

**Faculty Member:** Please complete all items listed below.

1. How well do you know applicant? (Check the most appropriate response.)

- ☐ Extensive contact as advisor or in small classes
- ☐ Limited contact in classroom environment
- ☐ Well acquainted 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.)

	Top 2%	Top 10%	Top 25%	Top 50%	Not Recommended
Academic Ability .....	4	3	2	1	0
Maturity .....	4	3	2	1	0
Cooperation and Adaptability .....	4	3	2	1	0
Initiative and Motivation	4	3	2	1	0

3. **Remarks:** Based on your knowledge of the applicant, please comment on his/her ability ability to participate in and profit from a year of study overseas in the International Programs.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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