



THE UNIVERSITY of
NEW ORLEANS

DIVISION OF INTERNATIONAL EDUCATION

Overall Recommendation:

- This student receives my highest recommendation without reservation
- I recommend this student with confidence
- I recommend this student
- I would **NOT** recommend this student for an award

Additional Comments:

CONTACT INFORMATION

Name: _____ Phone: _____ E-mail: _____

Title: _____ Institution: _____

Do not return this form to the student.

Please return this form to the following address:

University of New Orleans
Division of International Education
2000 Lakeshore Dr., IC 124
New Orleans, LA 70148

Note: If you work on campus and would like to have us send someone to pick this up, please call ext. 3-6388.