



THE UNIVERSITY of  
NEW ORLEANS

DIVISION OF INTERNATIONAL EDUCATION

INTERNATIONAL PROGRAMS FACULTY RECOMMENDATION FORM

TO BE COMPLETED BY THE STUDENT:

Student Name: \_\_\_\_\_ (Please Print) UNO ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Study Abroad Program: \_\_\_\_\_ Summer/Semester/Year attending: \_\_\_\_/\_\_\_\_

This faculty recommendation form is in support of my application for: \_\_\_\_\_

Division of International Edu. Global Ambassador Award  Student Gov. Assoc. International Study Abroad Award  Both

TO BE COMPLETED BY THE REFERER: (college or university faculty or staff member, employer or professional contact only)

While this form may be used in place of a formal recommendation letter, we also accept recommendation letters and emails. This student is in the process of applying for a Study Abroad Award administered by the Division of International Education and the UNO Student Government Association (SGA) to help finance his/her study abroad program. The student has asked you to provide a recommendation or assessment of his/her academic and extracurricular activities, dedication, and/or abilities. Your response will be instrumental in our efforts to select students for the awards offered.

1. How long have you known this student and in what capacity?

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2. What is your knowledge of this student's intellectual curiosity, emotional maturity, ability to adapt and academic skills?

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3. What is your knowledge of this student's participation in UNO non-academic activities, such as students' groups, cultural activities, etc.?

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4. Please describe how this student has stood out to you or impressed you?

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5. Is there any reason you would not recommend this student for an International Study Abroad Award?

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**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:**

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**CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

**Do not return this form to the student.**

**Please return this form to the following address:**

Division of International Education  
International Center  
2000 Lakeshore Dr.  
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. 7116.