



# IWU Study Abroad Reference Form

## Deadlines

**October 1:** for affiliated spring study abroad programs, or one week before the affiliated program deadline if that deadline falls on or before October 1.

**March 1:** for affiliated summer, fall, and academic year programs, or one week before the affiliated program deadline if that deadline falls on or before March 1.

**Note:** All application materials—both for IWU and for the affiliated program—are due by the IWU deadline, not the affiliate program deadline (unless the affiliate deadline is earlier than the IWU deadline).

## Instructions

### For the Student

If you are required to supply a faculty reference for your affiliated program application, you may submit a copy of that same reference to fulfill the IWU application requirement. If you are not required to submit a reference as part of your affiliated program application, please have a faculty member complete the bottom portion of this form.

Complete the top portion of the form then provide it to your academic referee. Your academic referee should be a faculty member with whom you have taken a course and who knows you well enough to provide an assessment of your academic performance. Ask the faculty member to **send this completed form to the International Office, CLA 3<sup>rd</sup> floor, by the appropriate deadline**. Please allow the faculty member at least two weeks to complete this form.

### Student Information (Please print clearly in ink.)

Name: \_\_\_\_\_  
last first middle

Local Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ IWU Email: \_\_\_\_\_@iwu.edu

Proposed study abroad semester:  Fall  Spring  Summer  Academic Year  
Proposed study abroad year: \_\_\_\_\_

Study Abroad Affiliate: \_\_\_\_\_ Program name: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Host University (if applicable): \_\_\_\_\_

### Waiver and Consent

- YES, I do waive my right to examine this letter of recommendation.
- NO, I do not waive my right to examine this letter of recommendation.

I understand that once my application is submitted, the above choice may not be altered.

Name (print) Signature Date

