



For the Student

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 3rd floor, by April 15**. Please allow the faculty member at least two weeks to complete this form.

Referee's Name: _____

Applicant's Name: _____

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

For the Referee

Please answer the following questions to the best of your ability. When completed, **please return this form to the International Office, CLA 3rd floor, by April 15**.

How well do you know this student? Please include the course(s) in which you've taught her/him.

In your judgment, how do this student's academic abilities and achievements compare to those of other Illinois Wesleyan University students?

How would you assess this student's social maturity (e.g., reliability, integrity, ability to get along with others)?

Do you know of any special factors that make this student a particularly good, or a particularly poor, candidate for the Spain Program?

Please check the most appropriate boxes below.

I would accept this student into the Spain Program

- immediately and unreservedly.
- with reservation.
- not at all.

If I were teaching for the Spain Program, I would

- definitely want this student in my seminar class.
- not mind having this student in my seminar class.
- probably give priority to other students.
- prefer not to teach this student again.

Do you have any further comments?

Signature of Referee

Date

Phone Number: _____

**Please complete and return to
International Office, CLA 3rd Floor**