EXCHANGE PROGRAM
RECOMMENDATION LETTER

Dear candidate,

Fill in the following blanks and ask a faculty member to proceed.
Name: _________________________________________________________________

Register Number: ____________ Course: _________________________________

Dear Professor,

We would like to thank you for your collaboration in evaluating the student above, who is a candidate to study abroad.

1. a) You know the candidate as a:

☐ student in a course

☐ student in more

☐ than one course

☐ research assistant

☐ teaching assistant

☐ other (specify): _______________________________________________________

b) Which course, semester and for how long?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
c) Considering the purpose of this evaluation process, do you think you know the candidate well enough?

________________________________________________________

________________________________________________________

2. What are your impressions about the candidate's motivation, intellectual and work capacities? Do you think s/he matches the right qualifications to study abroad?

________________________________________________________

________________________________________________________

________________________________________________________

3. What are your impressions about the candidate's personality and maturity? Do you think s/he has the necessary conditions to succeed in a competitive environment far away from his family and friends?

________________________________________________________

________________________________________________________

________________________________________________________

4. How do you classify this candidate in comparison to other students?

☐ Under average
☐ Average
☐ Good
☐ Very good
☐ Higher
☐ Excellent
☐ Outstanding
5. Do you have any other information to add regarding the candidate?

__________________________________________________________________
__________________________________________________________________
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__________________________________________________________________

Name: ____________________________________________________________
Department: ________________________________
DATE: ___/___/___
SIGNATURE: _____________________________________________________