

PRINCIPAL'S RECOMMENDATION

STUDENT'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

PLEASE GIVE US YOUR OPINION ABOUT THE STUDENT'S CHARACTER AND SUITABILITY TO PARTICIPATE ON AN ACADEMIC YEAR/SEMESTER PROGRAM ABROAD, TAKING INTO CONSIDERATION THE FOLLOWING:

PLEASE ANSWER THE QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE:

HAS THE STUDENT EVER BEEN SUBJECT TO DISCIPLINARY ACTION, ☐ YES ☐ NO
SUSPENSION, OR DISMISSAL FROM PREVIOUS SCHOOLS?

If yes, please provide details:

HAS THE STUDENT EVER UNDERGONE EDUCATIONAL/PSYCHOLOGICAL ☐ YES ☐ NO
TESTING/EVALUATION?

If yes, please provide details:

HAS THE STUDENT BEEN APPROVED FOR EXTENDED TIME ON ☐ YES ☐ NO
STANDARDIZED TESTING?

If yes, please provide details:

PLEASE PROVIDE MORE INFORMATION ABOUT THE STUDENT AND WHY YOU FEEL THAT HE/SHE IS A GOOD CANDIDATE FOR THE ACADEMIC YEAR/SEMESTER PROGRAM ABROAD, TAKING INTO CONSIDERATION THE STUDENT'S PERSONALITY, BEHAVIOR IN SCHOOL, MOTIVATION, STUDY HABITS, MATURITY LEVEL AND APTITUDE.

SCHOOL SEAL

PRINCIPAL'S NAME

PRINCIPAL'S SIGNATURE

DATE