

## Study Abroad General Reference Letter Form

Washburn University • Office of International Programs

1700 SW College Ave. • Topeka, KS 66621

Phone (785) 670-1051 • Fax (785) 670-1067

[studyabroad@washburn.edu](mailto:studyabroad@washburn.edu) • [www.washburn.edu/iip](http://www.washburn.edu/iip)

Applicant: Please complete this portion of the recommendation form and give it to the individual who has agreed to write a reference for you.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
WIN number

\_\_\_\_\_  
Program for which you are applying

\_\_\_\_\_  
City, Country

Fall 20\_\_  Spring 20\_\_  Academic Year 20\_\_-20\_\_  Summer 20\_\_ Semester of enrollment

Under the U.S. federal law (section 438 of Public Law 90-247, as amended), students are permitted access to certain educational records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that recommendations may have greater effect when written in confidence. If you waive your right to inspect the information in this form, please sign below.

X \_\_\_\_\_  
Applicant signature (optional)

\_\_\_\_\_  
Date

Dear Reference:

Thank you for agreeing to complete this reference form. The applicant named above has applied for a WU study abroad program and/or scholarship. It is important to the applicant and to the University that we select only those who are most likely to succeed in and benefit from this program. We appreciate your opinion as you answer the following questions.

If you would rather write a letter of reference, please use this form as a guide in providing the information we feel necessary in helping us make admission decisions. The applicant's application cannot be processed until the reference is received. We would appreciate receiving your response as soon as possible. Please either return the form to the applicant in a sealed envelope or mail it to:

Office of International Programs

Washburn University

1700 SW College Avenue

Topeka, Kansas 66621

**Applicant name:** \_\_\_\_\_ **WIN** \_\_\_\_\_

**A. How long and in what capacity have you known the applicant?**

---



---

**B. Please indicate the applicant's ability and competence in the following areas.**

	Excellent	Good	Average	Below Average	Unknown
Knowledge in area of specialization					
Ability to express thoughts in speech and writing					
Self-assured and independent					
Ability to plan and carry out independent study					
Emotionally mature					
Socially mature					
Cooperative					
Respect for other cultures					
Well-mannered					

**C. Language Ability** If applicable, if not please move to section D.

Please indicate your opinion of the applicant's present language ability in each of the following categories:

	None	Limited, basic ability	Intermediate, some consistency	Advanced, can use complex structures
Listening ability				
Speaking ability				
Reading ability				
Writing ability				

**D. Comments**

Please check the statement that most accurately reflects your opinion regarding this applicant.

\_\_\_\_\_ This applicant has my strong recommendation.

\_\_\_\_\_ I cannot recommend this applicant for the program.

\_\_\_\_\_ I have minor reservations, but am willing to recommend this applicant with the following reservations:

---



---

**You may attach a sheet if necessary to make any additional comments related to the applicant's qualifications for the program for which you feel may affect a successful study abroad experience.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Department/School

\_\_\_\_\_  
Institution, City, State

\_\_\_\_\_  
Email

**Thank You!**