

UNIVERSIDAD PABLO DE OLAVIDE

Centre de Estudios para Extranjeros

RECOMMENDATION



TO BE COMPLETED BY APPLICANT

Name: _____

Program/Master you are applying for: _____

Semester: _____ Academic Year: _____

Name of the referee: _____

I hereby waive my rights to access this recommendation.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY REFEREE

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

Please rate the applicant's:	Very high	High	Average	low
Academia capacity				
Ability to interact well with others				
Emotional stability and maturity				
Motivation for study abroad				

Do you think the applicant will do well in a foreign program? Why or why not?

Your recommendation and any additional remarks to help assess the applicant:

Signature

Position

Date

Institution

E-mail address

Phone #

Please return this form to the student in a sealed and signed envelope or fax it directly to our office: 34-95-434-90-96. Thank you for your time and input.