

RECOMMENDATION LETTER

International Center



TO BE COMPLETED BY APPLICANT

Surname/family name: First given name:

Program you are applying for: Hispanic Studies Program Integration Program (PIU)

Semester: Academic year:

Name of the Reference:

I hereby waive my right of access to this recommendation.

Signature _____ Date _____

TO BE COMPLETED BY REFERENCE

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

Please rate the applicant's:	Very high	High	Average	Low
Academic 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.

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