

**Faculty Recommendation for Participation in  
KIIS Summer Study-Abroad Program**



Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

KIIS Program \_\_\_\_\_

**Recommendation must be postmarked by February 15, 2005**

Note: This recommendation should be from a faculty member who knows you well and who will write a comprehensive recommendation. It can be considered confidential only if you sign the waiver of rights to review the comments. **I waive my right to review this recommendation.** Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**To the faculty member:** The student named above is applying to a KIIS study abroad program. Please return the completed recommendation directly to **DR. J. MILTON GRIMES, EXECUTIVE DIRECTOR, KENTUCKY INSTITUTE FOR INTERNATIONAL STUDIES, P.O. BOX 9, MURRAY, KY 42071-0009** or give to the student in a sealed envelope. Thank you!

Courses taken with you  
\_\_\_\_\_

Please rate the applicant on the topics below.

**Your comments are very important to this student's application, and should be added after each topic, or summarized on a separate sheet, and attached to this form.**

U = Unsatisfactory S = Satisfactory E = Excellent O = Outstanding

\_\_\_\_ Quality of academic work prepared by the applicant

Comments:

\_\_\_\_ Intellectual motivation and potential

Comments:

\_\_\_\_ Suitability for study abroad in terms of personal factors, such as stability, maturity, and independence

Comments:

Other comments that would assist in assessment of the student's application:

Name of Reference Title:  
\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date