2014-2015 NEAR EAST, SOUTH ASIA, & SUB-SAHARAN AFRICA UNDERGRADUATE EXCHANGE PROGRAM

RECOMMENDATION FORM

A program of the Bureau of Educational and Cultural Affairs, U.S. Department of State

Applicant Name: _____

Country/Locale: _____

Recommender Name: _____

Title: _____ Institution/Organization: _____

Work Address: _____

Work Telephone: _____ Work Email: _____

This form may be completed by a supervisor at work, a professor/academic advisor/dean, or a community leader who knows the applicant well and is familiar with the applicant's academic and/or professional work. Relatives and friends of the applicant may not complete this form. This form should be completed in English. All recommendations should be signed at the bottom. Return the completed recommendation form to the applicant to be submitted with the application.

1. How long have you known the applicant?

   _____

2. In what capacity have you known the applicant?

   ☐ Teacher/Professor ☐ Supervisor ☐ Academic Advisor

   ☐ Other _____

3. Please evaluate the applicant in terms of the traits below:

Trait	Excellent	Good	Fair	Poor	Not Applicable
Leadership Potential					
Creativity					
Flexibility					
Communication Skills					
Respect for Others					
Interest in Community					

Applicant Name: _____

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Service					
Interest in other cultures					
Maturity					

4. Please choose one of the following:
   - ☐ Recommend with confidence
   - ☐ Recommend with reservation
   - ☐ Do not recommend

5. Please provide a short summary of your interactions with this applicant, your impressions of the applicant, and why you believe the applicant would be successful on the NESA UGRAD Program. Please use the space below for your response OR attach your letter to this form for submission by the applicant to the local U.S. Embassy.

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Applicant Name: _____

2014-2015 NEAR EAST, SOUTH ASIA, & SUB-SAHARAN AFRICA UNDERGRADUATE EXCHANGE PROGRAM RECOMMENDATION FORM

A program of the Bureau of Educational and Cultural Affairs, U.S. Department of State

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SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in the letter of recommendation is accurate.

Recommender Signature: _____

Date (mm-dd-yyyy): _____

Applicant Name: _____