



*M.A.L.S. Study Abroad Course in Italy*  
**July 14 - August 4, 2010**  
**Todi, Italy**

**Letter of Recommendation I**

Student's name: \_\_\_\_\_

Program: \_\_\_\_\_

**If you choose, sign the waiver statement at the bottom of the page and give this form to the faculty member who will write your recommendation.**

\_\_\_\_\_  
**Name of college official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Institution**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Address**

**To the recommender:** Please comment on the above-named student's academic and personal qualities, with particular attention to those that would contribute to success in a study-abroad experience. Thank you.

- \_\_\_\_\_ **Very low**
- \_\_\_\_\_ **Adequate**
- \_\_\_\_\_ **Good**
- \_\_\_\_\_ **Outstanding**

**Use this space or a separate sheet for your recommendation:**

**Return this form via mail, e-mail or fax to:**

Alison C. Hall  
Hollins University  
P. O. Box 9583  
Roanoke, Virginia 24020-1583  
Fax: 540-362-6694

**For more information:**

Alison Hall, program director: achall@hollins.edu

[www.hollins.edu/mals\\_todi](http://www.hollins.edu/mals_todi)

**Waiver:** The following waiver statement is provided in accordance with the Family Education rights and Privacy Act of 1974. You may waive your right to inspect this recommendation by signing the statement below:

**This is a confidential recommendation and will not be disclosed to me without the prior consent of the recommender.**

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Signature of applicant

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Date

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Signature of recommender

---

Name and title of recommender

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Address

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Telephone number or e-mail address



*M.A.L.S. Study Abroad Course in Italy*  
**July 14 - August 4, 2010**  
**Todi, Italy**

**Letter of Recommendation II**

Student's name: \_\_\_\_\_

Program: \_\_\_\_\_

**If you choose, sign the waiver statement at the bottom of the page and give this form to the faculty member who will write your recommendation.**

\_\_\_\_\_  
**Name of college official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Institution**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Address**

**To the recommender:** Please comment on the above-named student's academic and personal qualities, with particular attention to those that would contribute to success in a study-abroad experience. Thank you.

- \_\_\_\_\_ **Very low**
- \_\_\_\_\_ **Adequate**
- \_\_\_\_\_ **Good**
- \_\_\_\_\_ **Outstanding**

**Use this space or a separate sheet for your recommendation:**

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Signature of applicant

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Date

---

Signature of recommender

---

Name and title of recommender

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Address

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Telephone number or e-mail address