



M.A.L.S. Study Abroad Course in Italy
July 21 – August 11, 2008
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
Jan Knipe, professor of art: jknipe@hollins.edu
Fax: 540-362-6694

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.

Signature of applicant

Date

Signature of recommender

Name and title of recommender

Address

Telephone number or e-mail address



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Letter of Recommendation II

Student's name: _____

Program: _____

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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**

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