

LETTER OF RECOMMENDATION FORM

AMIGOS DEL SUR

Institute for Cultures, Languages & International Service

Attention: Dr. Andrés Lema-Hincapié
500 Logan Street, Apt. 32
Denver, CO 80203
USA

Telephone: (720) 536-5174
E-mail: andreslemah@yahoo.com

For the Applicant: Print out this form. Do not send it electronically.

I hereby waive any right of access to this letter of recommendation and understand that I will not be able to see it under any circumstances.

Applicant's Signature: _____

I do NOT waive my right of access to this letter of recommendation.

Applicant's Signature: _____

To be completed by the Academic Referee:

Name of Applicant: _____

University or College: _____

Field of Study and Degree: _____ Year: _____

Name of the Academic Referee: _____ **Signature:** _____

University or College: _____ **Title/Position:** _____

Address: _____

Telephone: _____ **E-mail Address:** _____

Fax: _____ **Date/Place:** _____

The above-named candidate has applied for admission to *AMIGOS DEL SUR, Institute for Cultures, Languages & International*. The *AMIGOS DEL SUR* Admissions Committee would greatly appreciate your candid appraisal of your student's academic performance and personal attributes. Your letter of recommendation will be most helpful in allowing us to select the best candidates from a large group of applicants. Please rank the student in the following categories. We also invite you to use the reverse side (or additional sheets if needed), or simply attach this form to a letter. We sincerely thank you for your generous assistance. To maintain confidentiality, we ask that you mail this form to the above address. (*AMIGOS DEL SUR* is not a UC Denver, Cornell, or Whitman Program)

	OUTSTANDING	GOOD	AVERAGE	BELOW AVERAGE	UNABLE TO JUDGE
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability/Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Study Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>