



Learning Abroad Center

Special Circumstances Recommendation Form

APPLICANT: Please complete this section and then give this form to your recommender. Print clearly or type.

Last Name _____ First _____ Middle _____
 Street Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____ Home Institution _____
 Program Name _____ Sponsor _____
 City/Country _____ Term(s) and Year _____

All rights of access conferred by the Family Education Rights and Privacy Act of 1974 (P.X. 93-380) as amended, or otherwise, to all information and materials of any kind received by the University of Minnesota from any source in connection with this application are hereby voluntarily waived.

Signature of Applicant _____ Date _____

RECOMMENDER: The applicant named above is applying for a program offered by the Learning Abroad Center in the Office of International Programs at the University of Minnesota. This student has a GPA lower than the requirement on his/her chosen study abroad program. Your recommendation is one of the factors the Learning Abroad Center will take into account in considering an exception.

EVALUATION: Please indicate the applicant's ability in comparison with others you have known at similar stages in their academic career.

	Excellent (upper 10%)	Good (upper 20%)	Average (upper 35%)	Poor (lower 35%)	Unable to rate
Coping Skills/Emotional Maturity					
Academic Motivation					
Problem-Solving Skills					

RECOMMENDATION: Please check one of the following.

- I recommend this student. I recommend this student with reservations. I do not recommend this student.

Please provide any additional information that may be helpful to gain insight into this student (attach additional pages if necessary):

Please return to the Learning Abroad Center or to the applicant in a sealed and signed envelope. Thank you.

Signature of Recommender _____ Date _____

Last Name _____ First _____ Position/Title _____

Institution _____ Department/Unit _____

Address _____ Phone _____ Email _____

Learning Abroad Center

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