



ADVISORY COMMITTEE ON OFF-CAMPUS STUDY
APPLICATION FOR APPROVAL TO STUDY ABROAD

PETITION TO WAIVE 2.7 MINIMUM GPA FOR OFF-CAMPUS STUDY

FACULTY RECOMMENDATION FORM

(Please return to the Office of Off-Campus Study before FEBRUARY 20)

Student Name: _____

Faculty Name: _____

Name of Program: _____

Applicant's Statement

1. This is a non-confidential recommendation, and I maintain my right to future access to it.

Signature _____ Date _____

2. This is a confidential recommendation, and I waive my right to future access to it.

Signature _____ Date _____

To the Faculty Member:

The student named above has asked you to provide support for his or her petition to have the 2.7 minimum GPA for off-campus study waived. Your comments are extremely important to the Advisory Committee and are a critical part of the petition. Please use the rating scale below, and add additional comments if you wish. Please note that the student's petition is for a specific program, which he or she should have discussed with you in detail previously, and approval would be for that program only.

How long have you known the student?

In what capacity have you known the student?

Please circle the number that best corresponds to your response to the question, on the following scale:

1: strongly agree 2: agree 3: disagree 4: strongly disagree 5: unable to determine

A. I feel that the student's GPA does not represent his or her potential to have a successful off-campus experience.

1 2 3 4 5

Comments

B. I feel that for this student the benefits of off-campus study outweigh those of staying on campus where supervision and academic support may be more substantial.

1 2 3 4 5

Comments

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C. I feel that the student has developed work habits appropriate to the independent nature of the off-campus experience.

1 2 3 4 5

Comments

D. I feel that this student has the maturity and motivation to succeed on an off-campus program.

1 2 3 4 5

Comments

E. I feel that the chosen off-campus program would make a strong contribution to the student's major.

1 2 3 4 5

Comments

Additional Comments:

Signature of faculty member: _____

Date: _____