

## The Study Abroad Foundation, Mainland China Office

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## ACADEMIC RECOMMENDATION

### To the Student

Please complete and sign this section before asking your referee to complete and forward this form to our office. We recommend that you have this form completed by a faculty member who has taught you in the subject area you plan to study overseas. You should discuss your intention to study abroad and have him or her complete this form.

### Authorization and Release Information

I hereby waive my right to access to the information on this form and ask that it be completed and forwarded to the appropriate SAF Office (Mainland China).

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

Name \_\_\_\_\_  
(First) (Last)

Telephone number at university \_\_\_\_\_

Major \_\_\_\_\_

TOEFL/IELTS \_\_\_\_\_

Class standing

Undergraduate  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year

Postgraduate  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year

### Please indicate the host counties you would like to apply for.

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Australia   | <input type="checkbox"/> Switzerland    |
| <input type="checkbox"/> Canada      | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Ireland     | <input type="checkbox"/> United States  |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Others _____   |

### Program Type

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Courses                         | <input type="checkbox"/> Language Courses |
| <input type="checkbox"/> International Career Development Program |   |

### Program Length

- |  |  |
|--|--|
| <input type="checkbox"/> Fall Semester | <input type="checkbox"/> Spring Semester   |
| <input type="checkbox"/> Summer/Winter | <input type="checkbox"/> One Academic Year |

Academic subjects and/or departments you intend to study while abroad: \_\_\_\_\_

### I plan to study in one of the following SAF university/college:

1<sup>st</sup> Choice \_\_\_\_\_

From (month/year) \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

From (month/year) \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

From (month/year) \_\_\_\_\_

### To the Faculty Member

This form is an integral part of the above student's application to study abroad through SAF, a non-profit organization that offers fully integrated study abroad opportunities for university students.

To help ensure favorable consideration of this student's application to one of our host universities abroad, we ask that you complete both sides of this form and forward it directly to the appropriate SAF Office (Mainland China).

Admission to our programs is competitive and selective. SAF programs operate on a rolling-admission policy, which means some programs may close before the published application deadline. We would appreciate your completing this form in English.

We seek your evaluation of the student's academic ability as well as his or her social maturity and emotional strengths in terms of undertaking a period of study abroad. We are particularly interested in your assessment of the student's academic motivation and any special attributes relevant to foreign study. Your noting any weakness that may impede the student's success abroad also would be of great help to us.

We appreciate your taking time to assist this student and hope that you will contact our office if you have any questions about this student's application or about any of our study abroad programs, services, or overseas partners.

Name \_\_\_\_\_

Title \_\_\_\_\_

University \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

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## ACADEMIC RECOMMENDATION

Student \_\_\_\_\_ Home University \_\_\_\_\_

How long and in what capacity have you known this student?

Please list any courses this student has taken with you:

What is your general estimate of this student's intellectual ability and academic motivation?

On a scale of 1 (low) to 10 (high), how does this student rank in the following areas?

|                            |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|----|
| Writing ability            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Quantitative ability       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Critical thinking ability  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Knowledge of major subject | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Have you found this student to be a mature and stable person?  Yes  No, if no, please comment.

Do you think this student would make the personal, social, and academic adjustment to an overseas program?  Yes  No  
Please comment as you feel appropriate.

Do you have any additional comments about this student?

Please complete both pages of this form and sign below.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_