**Resources for Excellence Scholarship Letter of Recommendation**

**Student:** Please complete the upper section of this form and give it to your recommender. The recommender’s relationship with the applicant must be academic and not a personal relationship.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have applied for a Resources for Excellence Study Abroad Scholarship to participate in a Study Abroad program through Harper College or the Illinois Consortium of International and Studies Programs.

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Recommender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 (FERPA: P.L. 93-380) gives students the right to inspect letters of recommendation written is support of applications for admission, employment, or awards. The law also permits students to waive that right away if they choose, although such a waiver is voluntary and cannot be a condition for admission, employment, or award.

In accordance with the Family Educational Rights and Privacy Act of 1974, I, the above named student, hereby permanently **WAIVE** **DO NOT WAIVE** any and all rights of access to or inspection of this letter of recommendation (or copies) accompanying this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Printed Name

Note: the absence of a signature on the line above indicates that the right to access has not been waived.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommender:** The recommender’s relationship with the applicant must be academic or professional and not a personal relationship.

How long and in what capacity have you known the applicant?

Please comment on how you believe participating in the above-mentioned Study Abroad program will enrich the student’s life. How is it likely to benefit his/her program at Harper College and/or his/her intended major? In your opinion, what lasting effect will participating in the intended program have on this student?

May we contact you if additional information is needed? YES NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

Please return this form at your earliest convenience to **Richard F. Johnson, Director of International Education, Harper College, 1200 West Algonquin Road, Palatine, IL 60067**.