

TRINITY COLLEGE/ROME CAMPUS Application

300 Summit Street Hartford, Connecticut 06106 (860) 297-2005

Study Abroad Advisor's Form

Student Information:

Name of Student: _____
(print or type full name)

Term/year for which you are applying: _____

I hereby authorize _____ to complete this form.

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation. []

Yes [] No I understand this document will be used to evaluate my qualifications for TC/RC and will be part of my application file.

Student's Signature: _____

To the Home College Official Responsible for Approving this Student's Program of Study Abroad:

Please assess the student who is named above in terms of his or her potential for success in a study abroad program. If you have any additional comments, you may attach a separate sheet of letterhead. Thank you for your help.

1. Is this student in good standing academically and otherwise at your institution? If not, please explain.

2. Has this student obtained the necessary approval(s) from your institution to study in the Trinity College/Rome Campus (TC/RC) program for the period indicated above? If not, or if the approval(s) is conditional, please explain.

3. Will the credits earned by this student at the Trinity College/Rome Campus be accepted towards this student's degree program at your institution?

4. Do you recommend this student for TC/RC on the basis of his or her motivation, stability, maturity, and probable capacity to adjust to life in Italy (or another culture generally)?

Dr/Mr/Mrs/Ms _____

Position: _____

Full Address: _____

Telephone: _____

Date: _____ Signature: _____

Please return this form to the address above