



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.

Signature _____ Date _____

Student Information

Name _____

(first) (last)

Your telephone number () _____

Major _____

TOEFL/IELTS _____

Class-standing 1st-year 2nd-year 3rd-year 4th-year

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

To the Faculty Member

This form is an integral part of the above student's application to study abroad through the 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.

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.

Name _____

Title _____

University _____

Address _____

City/ Province _____

Postal code _____

Telephone Number _____

Fax Number _____

E-mail _____

Please indicate below the period of time you intend to study abroad:

Australia/New Zealand

- Semester 1 (Feb–July)
 Semester 2 (July–Nov)
 Semester 1 & Semester 2 (Feb– Nov)
 Semester 2 & Semester 1 (July– July)

Canada/US

- Fall Semester (Aug–Dec)
 Spring Semester (Jan–May)
 Academic Year (Aug–May)

Ireland and UK

- Fall Semester (Sept–Dec)
 Spring Semester (Jan–June)
 Academic Year (Sept–June)

- I plan to enroll in an intensive ESL program prior to enrolling in courses at the university/college. Intended ESL start date

(month/year): _____

- I plan to participate in a credit-bearing internship program while abroad.

I plan to study in one of the following SAF universities/colleges:

First Choice: _____

From (month/year) _____

Alternative A: _____

From (month/year) _____

Alternative B: _____

From (month/year) _____



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 _____

The completed form should be mailed directly to the SAF Office in the prospective student's home country.