The Study Abroad Foundation, Mainland China Office
北京办公室 • 大屯路 222 号院一瓶四和院 1 号楼 1201 室，邮编：100083 ; Tel: +86 10 84856337;
上海办公室 • 交暨路 185 号 2 号楼 B203 室，邮编：200333; Tel: +86 21 66099952;
广州办公室 • 西湾路 149 号之二财富公馆 B2 栋 1912 室，邮编：510160 ; Tel: +86 20 81533167;
Email: china@studyabroadfoundation.org; Website: china.studyabroadfoundation.org

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 ☐ 1st year ☐ 2nd year ☐ 3rd year ☐ 4th year

Postgraduate ☐ 1st year ☐ 2nd year ☐ 3rd year

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

☐ Australia ☐ Switzerland
☐ Canada ☐ United Kingdom
☐ Ireland ☐ United States
☐ New Zealand ☐ Others _____

Program Type

☐ Academic Courses ☐ Language Courses
☐ International Career Development Program

Program Length

☐ Fall Semester ☐ Spring Semester
☐ Summer/Winter ☐ 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:

1st Choice _____

From (month/year) _____

2nd Choice _____

From (month/year) _____

3rd 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 _____