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Long Beach, CA 90802-4210  
562.951.4790 FAX: 562.951.4983  
[www.calstate.edu/ip](http://www.calstate.edu/ip)

Dear Colleague:

The student who has asked you to complete the attached Faculty Recommendation form is applying to participate in the California State University International Programs, the CSU's systemwide study abroad program. Our program provides qualified students with a demanding academic and personal experience requiring intellectual discipline and a special measure of maturity and motivation. Your recommendation will form a critical part of the total picture of the applicant which emerges as the competitive selection process goes forward.

This form should be accompanied by the general information flyer for the program to which the student is applying. Please take a few minutes to familiarize yourself with this information. In completing the form, we especially appreciate your comments. The rating checklist is designed to help you focus on subjects of particular importance in our selection process. There is no substitute, however, for the professional insight of your written observations. Please return the recommendation form to the student. Applications lacking recommendations are considered incomplete and may not be given fair consideration. If you have questions or need further information, please contact your campus representative or call my office at the number indicated above.

For those programs that require a completion of two years of foreign language study (through the intermediate level), we ask that CSU foreign language faculty complete the Foreign Language Recommendation form provided. This recommendation should speak directly to the student's language skill and ability to handle and profit from the study abroad opportunity for which he/she is applying.

Thank you for taking the time to assist your student, the faculty members involved in selection and our program. Without your help it would be impossible to do a fair and informed job of selecting participants from among the many fine students who apply each year.

Sincerely,

Leo Van Cleve  
Director

**CSU Campuses**

Bakersfield  
Channel Islands  
Chico  
Dominguez Hills  
East Bay

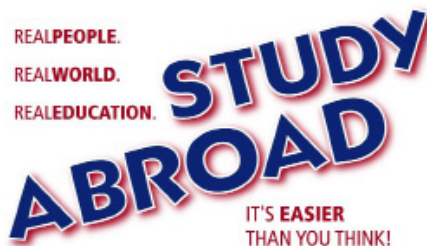
Fresno  
Fullerton  
Humboldt  
Long Beach  
Los Angeles  
Maritime Academy

Monterey Bay  
Northridge  
Pomona  
Sacramento  
San Bernardino  
San Diego

San Francisco  
San José  
San Luis Obispo  
San Marcos  
Sonoma  
Stanislaus

# The California State University INTERNATIONAL PROGRAMS

## FOREIGN LANGUAGE FACULTY RECOMMENDATION



*Foreign Language Faculty Recommendations are required for applicants who will be studying at the Intermediate/Advanced levels in the host country's language, including all native speakers: Chile, China, France, Germany, Mexico, Spain and Taiwan.  
(Not required for Beginning, Learn Language, and Japan programs.)*

<b>Applicant:</b> Please complete this section only.	<b>Deadline:</b> <i>December 15</i>
<b>Applicant Name:</b> _____	<b>CSU Campus:</b> _____
<b>Country applied for:</b> _____	<b>Program:</b> _____

**To be completed by foreign language faculty only.**

1. Language evaluated: \_\_\_\_\_

2. Evaluation based on (check one): ☐ Classroom observation ☐ Interaction session of 15 minutes

3. Please rate the student's foreign language competency in the following areas.

	Unable to Judge	Elementary	Intermediate	Advanced
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Will this student have achieved intermediate competency by the end of the spring term? ☐ YES ☐ NO

5. For native speakers:

Are you satisfied that he/she can read and write the language at least at an intermediate level? ☐ YES ☐ NO

6. Based on your knowledge of the applicant, please comment on his/her linguistic ability to participate in and profit from a year of study overseas in the International Programs.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Institution: \_\_\_\_\_

***PLEASE RETURN FORM TO STUDENT***