

Mount Mary University

Study Abroad Application & Registration Cover Sheet

COSTA RICA 2025

Thank you for your interest in overseas study through Mount Mary University Study Abroad Programs. Please read this sheet carefully so you know what is necessary for a complete application.

General program requirements

2.5 GPA

Good Disciplinary Standing

Valid Passport (**Apply NOW if you do not have one**) http://travel.state.gov/passport/passport_1738.html

Complete application with deposit and recommendation forms.

The total program cost is \$4,600.*

*Program fees are based on a realistic estimate of participants. The cost may change if the exchange rate and airfares fluctuate or if the minimum number of participants is not achieved.

General application process:

- Carefully read this entire packet.
- Fill out, sign, and date the **Application and Registration** packet.
- Make a **photocopy** of your application for your reference; much important information is included in the "Statement of Responsibility."
- Drop off your completed Application and Registration packet, along with your **non-refundable \$200 deposit** made out to "Mount Mary University," at the Office of Study Abroad Programs, Fidelis Hall 227.
- Give the **recommendation forms** to two people such as professors or advisors who are not related to you and are qualified to comment on your academic achievements in your major area of study.

Space is limited to 24 participants; apply early to secure your spot!

Olivia Hickman, Director of Study Abroad Programs, Fidelis Hall 227
Mount Mary University, 2900 North Menomonee River Parkway, Milwaukee, WI 53222-4597
414-930-3485

**STUDENT APPLICATION/ REGISTRATION FORM
MOUNT MARY UNIVERSITY STUDY ABROAD
COSTA RICA 2025 (December 28, 2024 - January 14, 2025)**

FOR OFFICE USE ONLY:

Applic. Rec'd _____

Deposit Rec'd _____

Recomm. Rec'd _____

Recomm. Rec'd _____

Name as it appears on Passport: _____

Current address: _____
Street City State Zip

Cell phone number: _____ Home number _____

Permanent address: _____
Street City State Zip

Permanent phone number: _____

Mt. Mary e-mail: _____ Alternate e-mail: _____

Student ID: _____ Year in school: _____

Major: _____ Minor: _____

Overall GPA: _____ Graduation Date: _____ Academic Advisor: _____

Birthdate: ____/____/____ Social Security # _____

Passport Number: _____ Expires: _____

Passport number NOT required for application. **If you do not have one, apply for one IMMEDIATELY.**

http://travel.state.gov/passport/passport_1738.html

Citizenship: (check one): US Citizen Permanent Resident Non-US Citizen

Emergency Contacts:

Name _____ Relationship to you _____

Phone number(s) _____ E-mail: _____

Name _____ Relationship to you _____

Phone number(s) _____ E-mail: _____

I am: Grace Promise Caroline Jewel Scholar Other _____

I found out about study abroad from: (check one or more)

Academic advisor Friend Professor Email Classroom presentation
 Website Bulletin Board Other: _____

I will be funding my overseas program through: (check one or more) Financial Aid/Loans
 Personal funds Parents Mt. Mary Study Abroad Scholarship Other: _____

I authorize the Office of International Studies to verify the information contained in this application:

Signature: _____

Please detail any prior experiences living or studying abroad. Where did you stay? How long was the experience? What was the purpose of the trip?

Do you have any special needs that we should be aware of? These will not affect your application but will help us to better serve you. (physical, visual, auditory, learning, dietary, medical)

Participating in orientation is a pre-requisite – Look for further details on the timing of orientation.

No Spanish language is required to participate, although if you know or have studied Spanish, it will be beneficial in connecting with local residents we meet.

Course I am interested in: (please select ONE)

- BIO 307 (sci/g): Field Studies in Costa Rica (3 credits)
Dr. Kathy Boyle

- GLO 248 (bes): Profiles of Culture (3 credits)
Olivia Hickman

RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR MOUNT MARY UNIVERSITY STUDY ABROAD PROGRAMS

This Release, Waiver of Liability and Hold Harmless Agreement is executed by
(Print Name of Applicant) _____ (“Participant”), and is issued to
Mount Mary University, 2900 North Menomonee River Parkway, Milwaukee, Wisconsin.

PROGRAM: MOUNT MARY UNIVERSITY FOREIGN TRAVEL

1. **Participant’s desire to participate in the Program.** Participant acknowledges that he/she is a **student** who wishes to participate in **the Costa Rica Program**. The dates of the Program are **December 28, 2024 —January 14, 2025**. Participant expressly acknowledges that he/she has freely and voluntarily decided to participate in this Program.
2. **Risks of study abroad.** Participant acknowledges and understands that participation in the Program involves risks not found in domestic travel. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters related to foreign travel. Participant acknowledges that he/she has made his/her own investigation and is willing to accept these risks.
3. **Institutional Arrangements.** Participant understands and acknowledges that neither the University, nor the Program’s Coordinator, represents, or acts, as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. Participant understands and acknowledges that neither the University nor the Program’s Coordinator is responsible for matters that are beyond their control. Participant hereby releases the University and the Program’s Coordinator from any injury, loss, damage, accident, delay or expense arising out of any such matters.
4. **Independent Activity.** Participant understands and acknowledges that neither the University, nor the Program’s Coordinator, is responsible for any injury or loss that he/she may suffer when he/she travels independently or is otherwise separated or absent from any Program-related activity.
5. **Health and Safety.** Participant understands and acknowledges that:
 - a. He/She has consulted with a medical doctor with regard to any personal medical needs. Further, Participant represents that there are no health-related reasons or problems which preclude or restrict his/her participation in the Program.
 - b. He/She is aware of all applicable personal medical needs, and has arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while he/she participates in the Program.
 - c. He/She understands and acknowledges that the University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding the Participant’s health and safety. Further, Participant agrees to pay all expenses relating thereto and release the University from any liability for any actions taken.
6. **Acceptable conduct by Participant.** Participant is aware of the behavior expected while participating in the Program. As a guest, there is certain behavior that is unacceptable and could lead to possible disruption or continuation of Participant’s participation in the Program. Participant assures the University that he/she shall act in an appropriate manner at all times. If the University, or the Program’s Coordinator, finds it necessary to expel Participant from participation in the Program, he/she will be responsible for his/her own expenses and will not receive any refund of Program fees.
7. **Legal Problems:** Participant acknowledges and understands that should he/she have or develop legal problems during the course of the Program, Participant will attend to the matter personally with participant’s own personal funds. Neither the University, nor the Program’s Coordinator, is responsible for providing any assistance to Participant under such circumstances.
8. **Travel and Accommodation Problems.** Participant acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes related to transportation problems. Participant acknowledges and understands that neither the University, nor the Program’s Coordinator, assumes any liability whatsoever for any losses, damage, destruction or theft of Participant’s luggage or personal belongings, and Participant represents and warrants that he/she has obtained adequate insurance, or has sufficient funds to replace such belongings and will hold the University, and the Program’s Coordinator, harmless therefrom. Further, Participant acknowledges and understands that in the event Participant becomes detached from the Program group, fails to meet a departure time or becomes sick or injured, Participant will bear all responsibility to seek out, contact and reach the Program group at its next available destination. Participant shall bear all costs attendant to contact and reach the Program group at its next available destination.

9. **University's Rights and Powers.** The University reserves the right to cancel, without penalty, the offering and conduct of the Program. Further, the University reserves the right to withdraw any part of the Program, to make any alterations, deletions or modifications in the Program's itinerary, as deemed necessary by the University or by the Program's Coordinator.
10. **Waiver of University Liability and Indemnification of the University for Risks and Dangers.** As a condition precedent to Participant's participation in the Program, Participant agrees to exercise reasonable care at all times with respect to the safety of Participant's own person and personal property, and with respect to the safety of other Participants and their personal property. Participant understands, however, that there are certain dangers, hazards, and risks inherent in the activities included in the Program. Participant acknowledges that participation in the Program may involve the risk of damage to property, bodily injury, and, in some cases, even death. Neither the University, nor the Program's Coordinator, assumes any responsibility for such personal injuries or property damage. Participant further acknowledges that he/she is at least eighteen (18) years of age, and is competent to sign this document.

Accordingly, Participant, for him/herself and the Participant's spouse (if applicable), heirs, assigns, related individuals and related entities, does hereby waive, release, absolve, discharge and agree to hold harmless the University and its Board of Trustees, directors, officers, employees, teachers, agents and insurers, and the Program's Coordinator (collectively, the "Released Parties"), from and against any and all rights, claims, demands, causes of action, obligations, suits, liens, damages, or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which the Participant shall, or may have, in the future against the Released Parties arising out of, based on, related to, or connected with, the Participant's enrollment and participation in the Program. Participant also agrees to indemnify and hold the Released Parties harmless from the payment of any and all judgments, settlements, costs, disbursements and attorneys' fees that are associated with the Released Parties having to defend or investigate any claim, action or proceeding of any type whatsoever arising out of the Participant's enrollment or participation in the Program, including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise. This indemnification obligation and Release, Waiver of Liability and Hold Harmless Agreement does not, however, absolve the Released Parties from any liabilities, damages, costs, disbursements and attorneys' fees incurred due to its intentional or reckless conduct.

Participant understands that if any fact with respect to which this Release, Waiver of Liability and Hold Harmless Agreement is executed is found hereafter to be other than or different from the fact in that connection now believed by Participant to be true, Participant expressly accepts and assumes the risk of such a possible difference in fact and agrees that this Release, Waiver of Liability and Hold Harmless Agreement shall be and remain effective notwithstanding such difference in facts.

11. **Governing Law: Forum.** Participant agrees that this Release, Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under, or incident to, this Release, Waiver of Liability and Hold Harmless Agreement. The terms and provisions of this Release, Waiver of Liability and Hold Harmless Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Release, Waiver of Liability and Hold Harmless Agreement, the validity of the remaining portions shall not be affected thereby.

12. **Other Provisions.**

- a. The Released Parties are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Released Parties will cause them to assume no responsibility for any injury or damage which might arise out of, or in connection with, such emergency medical treatment.
- b. It is the Participant's express intent that this Release, Waiver of Liability and Hold Harmless Agreement shall bind the members of the Participant's family and spouse (if applicable); and if the Participant is deceased, it shall be deemed as a release, waiver, discharge, and covenant not to sue the Released Parties by the Participant's family and spouse (if applicable), for any matter arising out of Participant's participation in the Program.
- c. By signing this document, Participant acknowledges and represents that he/she is fully informed of the contents of this Release, Waiver of Liability and Hold Harmless Agreement. By reading it before signing it, and by signing this document as the Participant's own free act and deed, Participant confirms that no oral representations, statements or inducements, apart from those made herein, have been made.

THIS RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT REQUIRES YOU TO GIVE UP SUBSTANTIAL LEGAL RIGHTS. PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE YOU SIGN IT.

Participant's signature _____ **Date** _____

Statement of Responsibility

The information I have supplied in this program is true and accurate to the best of my knowledge. If accepted to the program, I agree and accept the following:

- The total program cost of \$4,600.00, includes round trip airfare and bus transportation to and from Chicago airport, lodging, class experiences and excursions, and study abroad health insurance. If you are a full-time student (12 to 18 credits), there is no additional tuition cost.
- **Part-time or accelerated students pay by credit hour and full-time students pay by credit hour for any overload credits.**
- In order for my application to be considered, I understand that Mount Mary's Study Abroad Office requires this application, two letters of recommendation, and a **non-refundable** deposit of \$200 made out to Mount Mary University.
- At least one of my two references must be from a Mount Mary University professor. If I have previously participated in a Mount Mary University Study Abroad program, that professor must be one of the group leaders from the travel program I participated in.
- If accepted into the program, the \$200 will be applied towards the cost of my program.
- If not accepted, the \$200 will be refunded to me.
- If I am accepted into the program but decide not to participate at a later date, my initial deposit is **non-refundable**.
- If, due to special emergency circumstances, I am unable to participate, I am eligible to receive a **partial** refund of payments I have made for the program minus any deposits that have been made on my behalf and minus the original \$200 **non-refundable** deposit.
- If, due to special emergency circumstances, I return early and am unable to complete the program, I understand that I may not be able to drop the course I enrolled in, and my grade may suffer as a result.
- If the University or the Program's Coordinator finds it necessary to expel me as a participant of the program, I understand that I will NOT be able to drop the course I enrolled in, and my grade may suffer as a result.
- Financial aid may be applied towards study abroad programs; I am responsible for working with the financial aid office.
- In addition to the **non-refundable** \$200 deposit, I will make the following payments:
 - \$1,300 prior to May 10, 2024
 - \$1,300 by August 30, 2024
 - \$1,800 by September 30, 2024
- I will follow the directions of the course instructor regarding all program related events including pre-departure orientation, site visits, program scheduling, meeting at airports and/or train stations, and all other matters regarding travel arrangements.
- I understand that if accepted to the program, I will be required to attend mandatory general orientation sessions, and that I will receive the orientation dates shortly after acceptance to the program. Any student who does not attend mandatory orientation sessions will be dropped from the program without refund.
- During the past several years, airfares have varied greatly. While we have budgeted for an increase based on our experience with this program, an unanticipated sharp rise in airfares might mean an increase in the total program costs. If any such increase were to become necessary and you advise us in a timely fashion that you will not be able to participate, you will be given a full refund.

Signature of applicant: _____ **Date:** _____

AUTHORIZATION FOR MEDICAL OR SURGICAL TREATMENT

Mount Mary University

I, undersigned student, hereby certify that I am at least 18 years of age. Further, I hereby authorize and grant permission to Mount Mary University, its employees and/or agents to administer first aid to me and/or to obtain emergency medical treatment for me during my participation in the Study Abroad Program (the "Program"). In consideration of my being permitted to take part in the Program, I hereby release, indemnify and hold harmless Mount Mary University, its employees and/or agents for any injury, harm or damage arising out of or in connection with the provision of such first aid and/or medical treatment. Further, I agree to pay for all medical treatment provided to me during, or arising out of my participation in the Program.

Although the undersigned understands that when possible advance permission of the undersigned will be sought for any necessary surgical treatment, the undersigned agrees that any and all medical treatment and surgery may be performed when, in the opinion of medical authorities, the health or welfare of the student will be adversely affected by any delay. It is understood that such permission may be required by law of the host country in which the student is residing.

In the event that I receive emergency medical treatment during the Program, I hereby authorize the release of all medical information/records relation to such treatment to the director of the Program or to his/her designee ("Program personnel"). I also authorize the release of such medical information to my parent(s) and/or legal guardian. Additionally, while I am participating in the Program, I specifically authorize the following healthcare providers to release medical information/records relating to any health condition(s) which require special consideration and/or follow-up treatment while studying abroad to Program personnel. Further, I authorize the individuals named below to release any additional medical information/records to Program personnel, if such health care provider believes that the release of such information/records is in my best interest.

Please provide contact information of your physician(s) and/or therapist(s) in the United States.

Name of Participant: _____

Signature: _____ **Date:** _____

Name of Physican/Therapist: _____

Specialty (if applicable): _____

Phone Number of Physician/Therapist: _____

Address of Physician/Therapist: _____

Name of Physician/Therapist: _____

Specialty (if applicable): _____

Phone Number of Physician/Therapist: _____

Address of Physician/Therapist: _____

MEDICAL INFORMATION

The following information is confidential to Mount Mary University and the International Studies Office. We ask you to assess your health in light of the demands of travel outside of the USA.

Do you suffer from any of the following conditions:

- Epilepsy Emphysema Allergies (also to medicine?)
- High blood pressure Heart condition Back problems or injuries
- Diabetes Shortness of breath Cancer
- Any other concerns?

Do you have a history of:

- Alcoholism Eating disorders Substance abuse or chemical dependence

How might any of these conditions affect you during international travel?

Do you smoke? No Yes

Are you currently or have you been under a doctor's care during the past 6 months?

No Yes. If yes, what condition(s) are being treated?

Have you ever been treated by a psychiatrist, psychoanalyst or therapist for any mental, emotional or nervous disorders?

No Yes. If yes, how would this affect travel in a foreign country?

Immersion experiences are intense, both physically and emotionally. Have you had any traumas or life changes in the past 6 months?

Do you carry any medication (other than for diarrhea or upset stomach)? If so, please specify names, conditions which they treat and possible side effects.

Do you have any food allergies? No Yes. If yes, what are they?_____

Do you prefer a vegetarian/vegan menu? No Yes

Do you eat dairy? No Yes Fish/seafood? No Yes Chicken? No Yes

[Please answer ALL food questions whether you are a vegetarian or not.]

Zika Virus Warning & Information

Recently, there has been a lot of news coverage regarding a new illness that is now of concern in some geographical areas; the Zika virus is spread by the *Aedes aegypti* mosquito, a mosquito common to warm, humid, tropical climates, which prefers temperatures over 80 degrees. Zika may also be spread by sex from an infected person to his/her partners.

While most people who become infected with Zika experience minimal, flu-like symptoms, there are some additional associated risks:

- There is an unclear, associated risk of developing Guillain-Barré syndrome (GBS).
- There is a risk of birth defects for the children of pregnant women.

Because the Zika virus is particularly of concern to pregnant women, we **strongly advise against studying abroad in this country if you are pregnant or planning to become pregnant**. If you are planning to get pregnant following your participation in this study abroad program, we strongly recommend that you consult with your physician and review the guidelines available on the CDC website: <https://www.cdc.gov/zika/pregnancy/women-and-their-partners.html>

In order to reduce the risk of contracting the Zika virus, we strongly recommend that you follow guidelines to decrease risk from infected mosquitoes by taking precautions to prevent mosquito bite.

These include:

- Staying away from bodies of stagnant water and areas where mosquitoes may breed.
- Trying to stay as covered as possible (wear light-colored long sleeves and pants).
- ALWAYS use insect repellent.

Participant acknowledges and understand that participation in the program involves risks not found in domestic travel, including additional health risks. Accordingly, Participant, for him/herself and the Participant's spouse (if applicable), heirs, assigns, related individuals and related entities does hereby waive, release, absolve, discharge and agree to hold harmless the University and its Board of Trustees, directors, officers, employees, teachers, agents and insurers, and the Program's Coordinator (collectively, the "Released Parties"), from and against any and all rights, claims, demands, causes of action, obligations, suits, liens, damages, or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which the Participant shall, or may have, in the future against the Released Parties arising out of, based on, related to, or connected with, the Participant's enrollment and participation in the Program. Participant also agrees to indemnify and hold the Released Parties harmless from the payment of any and all judgments, settlements, costs, disbursements and attorneys' fees that are associated with the Released Parties having to defend or investigate any claim, action or proceeding of any type whatsoever arising out of the Participant's enrollment or participation in the Program, including, but not limited to, claims for breach of contract, negligence, strict liability or otherwise.

Participant's Signature _____ Date _____

Covid-19 Considerations

Given the impact of the current global pandemic, please anticipate that you will likely face requirements from your host country, host province, host city and/or host institution, as well as additional considerations you may face depending on the type of housing you have while overseas. (Please consult with Olivia Hickman, Director of Study Abroad Programs, your program provider, and online resources re: your host country’s travel restrictions and the U.S. Department of State’s Travel Advisories for the most current requirements prior to travel.)

Prior to travel or arriving to your host country, you may be required to comply with any of the following requirements, or additional ones. Please anticipate that you may be asked / required to follow any or all of the following guidelines, and more which may be not be included in this listing:

- Required to wear a mask while using public transportation, including on your flight(s); on trains, buses, coaches, and other types of public transport.
- Required to wear a mask while visiting public institutions, such as museums, visitor centers, on tours, and other site visits or public buildings.
- Required to wear a mask while in classrooms or other university spaces, including gathering spaces (such as student unions, cafeterias) and public events (such as dances, cooking lessons, etc) or other university or program provider-sponsored events and outings.
- Experience limitations to your travel due to land border restrictions.
- Experience limitations regarding reduced hours at businesses, stores, cafes, restaurants or reduced services – in terms of reduced capacity in public venues and/or reduced hours (closings of restaurants or other tourist-serving businesses).
- May be required to take and have proof of a negative PCR (polymerase chain reaction) test within 72 hours prior to travel / departure.
- May need to complete a Health Pass (e.g., identifying that you are NOT currently experiencing symptoms of Covid-19) or “Certificate of Entry” or similar document, depending on the host country.
- May need to purchase additional Travel Insurance that would cover potential quarantine accommodations, in case one needs to quarantine while abroad.
- May need to / be required to self-isolate or quarantine for up to 14 days upon arrival to the host country, regardless of vaccination status.
- May be required to quarantine in government facilities or government-approved facilities at their own expense.
- May be required to quarantine if you test positive for Covid-19.
- May be required to take a COVID test for the purposes of travel, within the host country and/or to board the return flight to the U.S. Many local hospitals / clinics in the host country may offer Covid-19 tests for a fee, that would be the responsibility of the student- participant.
- May be required to report to local health authorities if one experiences Covid-19 symptoms, and/or may be required to take a Covid-19 test for diagnostic purposes.
- May be required to show proof of vaccination as a condition of entering the host country.
- If medical treatment is required for Covid-19, health care is covered by the student health insurance included as part of the program cost.

I understand that I am expected to comply with the local government and local health services Covid-19 restrictions above & am responsible for ensuring I follow what’s required:

(Printed Name)

(SIGNATURE)

(Date)

ACADEMIC RECOMMENDATION FORM

Mount Mary University Study Abroad Programs

REFERENCE #1

Applicant's name: _____

Study Abroad program for which this recommendation will be used: _____

Name of Reference _____

Relationship (check): **MMU Study Abroad Program Group Leader** -or- **MMU Professor** -or- **Other**

To the applicant: All applicants are required to submit two (2) separate recommendation forms, as noted below, to be considered for participation in Mount Mary University Study Abroad. One recommendation must be from a Mount Mary University professor. If you have previously participated in a MMU Study Abroad program, that professor must be one of the leaders of your group.

Write your name on the line above. Give the form to the first reference listed in your application and ask him or her to return the forms to Olivia Hickman, Study Abroad Office, 227 Fidelis Hall.

Note: Under the Family Educational Rights of Privacy Act of 1974 (Buckley Amendment), you have the right to either review this recommendation or to waive your right to see it. If you wish to waive your right to see it, you must sign the waiver statement.

"I hereby waive any claim to access to this recommendation, written on behalf of my application to the MMU Study Abroad Office."

Applicant signature: _____ **Date:** _____

To the reference person: The student whose name appears above is applying to participate in Mount Mary University Study Abroad. The difficulty and stress of living and studying abroad make it essential for the University to select applicants on the basis of scholarship, character and emotional maturity, as well as on the likelihood that they will be able to perform well and adapt to a foreign setting. If desired, you may also use departmental letterhead to answer the questions.

Note: Unless the student has signed the "waiver of access" statement above, the student is entitled to review this reference under the Family Rights and Privacy Act of 1974 (Buckley Amendment).

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

2. All participants have strengths and weaknesses which will affect their participation in the program. We would appreciate your candid assessment of the student's strengths and weaknesses in regards to their readiness to get the most out of a study abroad experience:

Strengths: _____

Weaknesses: _____

3. How well would you expect the applicant to adapt to the pressures and responsibilities of studying and living abroad for an extended period of time?

4. How would you rate the applicant in the following areas?

	Excellent	Good	Average	Fair	Poor
Reliable	_____	_____	_____	_____	_____
Flexible	_____	_____	_____	_____	_____
Intellectually Curious	_____	_____	_____	_____	_____
Self-motivated	_____	_____	_____	_____	_____
Ability to work in a group	_____	_____	_____	_____	_____

5. Additional comments that would contribute to our overall impression of the applicant:

6. Overall assessment: ___ Highly recommend
 ___ Recommend
 ___ Recommend with reservations
 ___ Do not recommend

7. Would you like to have a follow-up conversation about this applicant, by phone or in person?

Please CIRCLE one: YES NO

Signature: _____

Department/position: _____

Address: _____

Telephone: (_____) _____

PLEASE MAIL THIS COMPLETED FORM TO:
Olivia Hickman, Director of Study Abroad Programs
hickmano@mtmary.edu
Fidelis Hall 227
Mount Mary University
2900 North Menomonee River Parkway
Milwaukee, WI 53222-4597

ACADEMIC RECOMMENDATION FORM

Mount Mary University Study Abroad Programs

REFERENCE #2

Applicant's name: _____

Study Abroad program for which this recommendation will be used: _____

Name of Reference _____

Relationship (*check*): MMU Study Abroad Program Group Leader -or- MMU Professor -or- Other

To the applicant: All applicants are required to submit two (2) separate recommendation forms to be considered for participation in Mount Mary University Study Abroad. Write your name on the line above. Give the form to the second reference listed in your application and ask him or her to return the forms to Olivia Hickman at the address listed below.

Note: Under the Family Educational Rights of Privacy Act of 1974 (Buckley Amendment), you have the right to either review this recommendation or to waive your right to see it. If you wish to waive your right to see it, you must sign the waiver statement.

"I hereby waive any claim to access to this recommendation, written on behalf of my application to the MMU Study Abroad Office."

Applicant signature: _____ Date: _____

To the reference person: The student whose name appears above is applying to participate in Mount Mary University Study Abroad. The difficulty and stress of living and studying abroad make it essential for the University to select applicants on the basis of scholarship, character and emotional maturity, as well as on the likelihood that they will be able to perform well and adapt to a foreign setting. If desired, you may also use departmental letterhead to answer the questions.

Note: Unless the student has signed the "waiver of access" statement above, the student is entitled to review this reference under the Family Rights and Privacy Act of 1974 (Buckley Amendment).

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

2. All participants have strengths and weaknesses which will affect their participation in the program. We would appreciate your candid assessment of the student's strengths and weaknesses in regards to their readiness to get the most out of a study abroad experience:

Strengths: _____

Weaknesses: _____

3. How well would you expect the applicant to adapt to the pressures and responsibilities of studying and living abroad for an extended period of time?

4. How would you rate the applicant in the following areas?

	Excellent	Good	Average	Fair	Poor
Reliable	_____	_____	_____	_____	_____
Flexible	_____	_____	_____	_____	_____
Intellectually Curious	_____	_____	_____	_____	_____
Self-motivated	_____	_____	_____	_____	_____
Ability to work in a group	_____	_____	_____	_____	_____

5. Additional comments that would contribute to our overall impression of the applicant:

6. Overall assessment: ___ Highly recommend
 ___ Recommend
 ___ Recommend with reservations
 ___ Do not recommend

8. Would you like to have a follow-up conversation about this applicant, by phone or in person?

YES NO

Signature: _____

Position: _____ University/ Business: _____

Address: _____

Telephone: (___) _____ Email: _____

PLEASE MAIL THIS COMPLETED FORM TO:
Olivia Hickman, Director of Study Abroad Programs
hickmano@mtmary.edu
Fidelis Hall 227
Mount Mary University
2900 North Menomonee River Parkway
Milwaukee, WI 53222-4597