



## LETTER OF RECOMMENDATION

Chandler-Gilbert Community College

**Prague: City of One Hundred Spires Study Abroad Program**

*(To be completed by an instructor, advisor, or supervisor)*

\_\_\_\_\_ is applying for admission to a CGCC study abroad program.  
*Applicant Name* \_\_\_\_\_ *Student ID* \_\_\_\_\_

Study Abroad Program: Prague Program Director: David Finley Year: 2025

Participants in Maricopa County Community College District (MCCCD) study abroad programs must possess the character, reliability, and maturity necessary to manage the demands of international travel, cross-cultural interactions, and intensive study schedules. As Maricopa Community College students, participants are expected to conduct themselves in a manner that reflects positively on themselves, the college, and the district, as well as their own culture and country.

Based on the above criteria, and your personal experiences with this student as their *instructor, advisor, or supervisor*, we would appreciate your candid assessment of their potential to benefit from, contribute to, and safely participate in a successful study abroad experience.

Please rate the applicant in the categories listed below. After completion, please email this form to CGCC's Study Abroad Program Director, David Finley, [david.finley@cgc.edu](mailto:david.finley@cgc.edu). If you have inadequate knowledge of the candidate in any area, please choose "Unable to Judge." Thank you for your prompt submission of this form to ensure that the applicant is considered for admission to the program.

Criteria	Outstanding	Above Average	Average	Below Average	Unable to Judge
Academic Ability					
Capacity for Independent Study					
Written and Spoken Communication Skills					
Motivation					
Adaptability and Flexibility					
Common Sense and Judgment					
Maturity and Emotional Stability					
Self-Reliance and Independence					
Diligence and Perseverance					
Open-Mindedness					
Ability to Relate Well to Others					
Reliability					
Integrity					

Additional Comments \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Relationship to Applicant (advisor, instructor, supervisor, etc.) \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_