



Office for International Programs
 Loyola University Chicago
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STUDY IN ITALY AT THE JOHN FELICE ROME CENTER

Application for:

Applicant's Name: _____ Full Year: August to April _____ (year)

Applicant's E-mail Address: _____ Fall Semester: August to December _____ (year)

Applicant's Social Security Number: _____ Spring Semester: January to April _____ (year)

or Home Institution I.D. #: _____

JUDICIAL LIFE / RESIDENTIAL LIFE RECOMMENDATION

A recommendation writer should be aware that Public Law 93 - 380 permits the student to inspect recommendations unless he/she has signed the waiver below. The undersigned student hereby waives his/her right to inspect this form under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

 Applicant's Signature

 Date

- Has the applicant ever been under disciplinary censure at your school? _____ Yes _____ No
- Is this student presently in good disciplinary standing? _____ Yes _____ No
- Do you know of any reason not to recommend this student to Loyola's Rome Center program? _____ Yes _____ No
- If the answer to either question #1 or #3 is yes, and the details are not confidential under Public Law 93 - 380, could you be specific about the circumstances? If the details are confidential, would you so indicate? Please put your response on the other side of this form.
- If there are concerns about this student's behavior or ability to adapt to a small residential environment, please use the reverse side to comment.
- Student is _____ Recommended _____ Not Recommended
 On the basis of _____ records _____ personal acquaintance

Name: _____ Signature: _____

College or University: _____

Position: _____ Date: _____

I understand that the recommendation writer will communicate information contained in records maintained by the above named college or university concerning me in order to answer the above stated questions. I hereby authorize the communication of this information.

 Applicant's Signature

 Date