



Dean Recommendation Form

DIVISION OF INTERNATIONAL PROGRAMS

Office of International Education

Phone: (956) 326. 2565 Fax: (956) 326. 2779

E-mail: studyabroad@tamiu.edu

URL: www.tamiu.edu/dip/oie

CONFIDENTIAL

Faculty Leader

Name: _____

College / Department _____

Program Location: _____ Program Dates: _____

Recommendation

I have reviewed the program application for which this faculty member is applying. Yes No

Based upon all other faculty members who might apply from this college, my recommendation for this applicant is that s/he be considered as my:

___ Top 10% recommendation (dean's top choice for recommendation)

___ Second 10% recommendation

___ Third 10% recommendation

___ Recommend this faculty to reapply at a later date

___ Recommend this faculty member to travel with mentor group before participating with own class

___ Other (pls. comment)

Supporting comments on above checked recommendation:

Dean's Signature

Date

Return this form to Office of International Programs, Attn. Jannet Garcia, Pellegrino Hall 301