

UNIVERSITY OF CALIFORNIA, LOS ANGELES

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SANTA BARBARA • SANTA CRUZ

INTERNATIONAL EDUCATION OFFICE  
BOX 710807  
LOS ANGELES, CALIFORNIA 90095-7108  
PHONE: (310) 825-4995  
FAX: (310) 794-4428

Dear Faculty Member:

The applicant is applying for the **UC Education Abroad Program (EAP)** in the country listed below. We appreciate your willingness to evaluate students who apply for EAP.

**Please return this form along with your signed letter on departmental letterhead to the student requesting recommendation or to the International Education Office directly.**

*Under the Federal Education Rights and Privacy Act of 1974 and the California Information Practices of 1977, students are given the right to inspect their records including letters of recommendation.*

**APPLICANTS: FILL IN YOUR NAME, PROGRAM & DEADLINE BEFORE GIVING THIS FORM TO RECOMMENDOR**

**Applicant Name:** \_\_\_\_\_

**Country/Program:** \_\_\_\_\_ **Filing Deadline:** \_\_\_\_\_