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.*

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

Applicant Name: __________________________________________________________

Country/Program: _____________________________ Filing Deadline: ________________