PART II
RECOMMENDATION OF THE MAJOR ADVISER
(To be completed by the student)

FALL 2016 ☐ SPRING 2017 ☐ FULL YEAR 2016-17 ☐ FULL YEAR 2016-17 ☐
(same program) (different programs)

Student's name: ________________________________

Major department(s): ________________________________

Correlate(s): _______________________________________

JYA Program: _______________________________________

Proposed Country of Study: ___________________________

TO BE COMPLETED BY THE STUDENT IN CONJUNCTION WITH THE MAJOR ADVISER

Students: Please come prepared with a list of all your coursework in order to complete this section with your adviser.

Major Adviser: Please answer the following questions regarding the student's preparation in the major.

1. How many courses will the student have completed in the major by the end of this semester? ____________

List the courses
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. How many will he/she have completed by the time he/she is proposing to go abroad? ________________

List additional courses
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. How many elective units towards the major will the student earn while abroad? __________ Are these essential to complete the major? __________

4. How many courses in the major will it be necessary for the student to take during the senior year? _______

Please list which courses this student MUST take during the senior year to graduate, given the current plan for study abroad:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

TO BE COMPLETED BY THE MAJOR ADVISER

1. Will the current plan for study abroad make completing departmental requirements difficult? YES ☐ NO ☐

2. How strongly would you recommend approval of this student's study abroad plans?
   ☐ Without reservation
   ☐ With reservations (please specify below)
   ☐ Do not recommend

Please return the completed form by 12/11/15 to the Office of International Programs, MN 173 or mail to Campus Box 730.
3. Please comment on the quality of the student’s academic plans and programs as discussed with you and as stated in the student’s statement of purpose and address how well these plans for study abroad fit into his/her academic program at Vassar. In addition, you may address specific areas of strength and weakness, either academic or personal, that the Committee on Leaves and Privileges should consider while reviewing this student’s application. Attach a separate sheet of paper if more room is needed.

Name: (please print) ____________________________
Department: ____________________________ Title: ____________________________
Signature: ____________________________ Date: ______________

Please note:
This confidential evaluation will not become part of the student's permanent record and will be destroyed after the JYA deliberations. In addition, please keep a copy of this recommendation for future use. Because of legal restrictions, the Dean of Studies Office cannot duplicate these in-house comments for distribution to other institutions or foreign study programs. Thus, the student may ask you to write a formal recommendation when applying to the foreign program or university itself.

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