



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

Applicant's Name: _____

Applicant's E-mail Address: _____

Applicant's Social Security Number: _____ or Home Institution I.D. #: _____

Application for:

Full Year: August to April _____ (year)

Fall Semester: August to December _____ (year)

Spring Semester: January to April _____ (year)

STUDY ABROAD/AFFILIATE 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

Because you are the Rome Center's representative on your campus, we would like the student to discuss his/her plans with you and be counseled in general terms about study abroad.

1. Are there considerations we may have overlooked in the other recommendation forms?

2. Do you have any special recommendation concerning this student?

Name: _____ Signature: _____

College or University: _____

Position: _____ Date: _____

*Please mail or turn in this form to the Office for International Programs.
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