

# FACULTY EVALUATION FOR STUDY ABROAD PROGRAM PETITION

Form available online: [www.lehigh.edu/studyabroad/eval.doc](http://www.lehigh.edu/studyabroad/eval.doc)

## Part I- Student

Name of Student: \_\_\_\_\_ Semester: \_\_\_\_\_

Program Petitioning: \_\_\_\_\_  
(country) (name of program)

Approved Program in Region: \_\_\_\_\_

Faculty Evaluator Name: \_\_\_\_\_

## Part 2 –Faculty Evaluator

1. In what capacity do you know this student?

2. What is your assessment of student's goals / plans for studying abroad?  
(weak) 1 2 3 4 5 (strong)

Comments:

3. Is this program a good fit for this student?

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4. How well do you know the institute being petitioned?  
(not well) 1 2 3 4 5 (very well)

5. Please share your thoughts about the quality of the institute being petitioned:

6. Other comments regarding the student petition

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(Signature)

If emailing, no signature required.

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(date)