



Center for International Education
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EXCHANGE STUDENT ADVISOR RECOMMENDATION FORM

Student's Last Name (as it appears in the passport): _____

Student's First Name (as it appears in the passport): _____

Student's City of Birth: _____

Student's Country of Birth: _____

Student's Area or Major of Study: _____

Student's Anticipated Term(s):

August _____ (e.g. 2012)

January _____ (e.g. 2012)

The student is proficient in English: Yes No*

(Please note that students who are not proficient in English can only take courses in the Intensive English Program)

Advisor's Name: _____

Advisor's Signature: _____

Advisor's Email: _____ Advisor's Phone: _____

Send completed form to:

E-mail: educationabroad@uiu.edu

Fax: +1 (563) 425-5833