

**The Beijing Center for Chinese Studies  
&  
Loyola University Chicago**

**STUDY ABROAD ADVISOR RECOMMENDATION FORM-  
CHINA VOICE SUMMER PROGRAM**

**TO THE APPLICANT:**

Please complete this section of the form and present it to your study abroad office or other appropriate official at your college or university. If you have already graduated from your undergraduate university, please only complete the top part of this form.

**Name** \_\_\_\_\_

**Home University** \_\_\_\_\_

**Term of the program** \_\_\_\_\_ **email address** \_\_\_\_\_

**Have you already graduated from college?** \_\_\_\_ Yes \_\_\_\_ No (If you checked yes, you do not have to get the rest of this form filled out)

**TO THE STUDY ABROAD OFFICE:**

The above student is applying for participation in ChinaVoice, The Beijing Center for Chinese Studies summer program. The student will not be able to participate in the program without this recommendation. Please help us by completing the following information concerning the above student.

- 1) Will you accept credit from this program? \_\_\_\_ Yes \_\_\_\_ No
- 2) Does your university want to be billed on behalf of the student? \_\_\_\_ Yes \_\_\_\_ No If yes, to what address would you like the bill sent? \_\_\_\_\_  
\_\_\_\_\_
- 3) Has this student been approved by your office to study abroad? \_\_\_\_ Yes \_\_\_\_ No
- 4) Are there considerations we may have overlooked in other recommendation forms? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain below.

If you have any additional comments, please provide details below:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone number \_\_\_\_\_

PLEASE SEND, FAX OR EMAIL THIS FORM TO:

**The Beijing Center Chicago Office  
Office for International Programs  
Loyola University Chicago  
1032 W. Sheridan Rd.  
Chicago, IL 60660**

**(773) 508-7125 (FAX)**  
[admissions@thebeijingcenter.org](mailto:admissions@thebeijingcenter.org)