

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

**STUDY ABROAD ADVISOR RECOMMENDATION FORM**

**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.

Name \_\_\_\_\_

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

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

**TO THE STUDY ABROAD OFFICE:**

The above student is applying for participation in The Beijing Center for Chinese Studies 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) Has this student been approved by your office to study abroad? \_\_\_\_ Yes \_\_\_\_ No

3) Are there considerations we may have overlooked in other recommendation forms? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain below.

4) If this student is requesting to attend the program as a sophomore (which would be an exception to the program's eligibility requirements <http://www.thebeijingcenter.org/admissions/eligibility/>), please comment on the student's maturity level and why he or she is applying to go abroad as a sophomore.

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

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Department: \_\_\_\_\_ Institution: \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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)**