

SCHOLARSHIP REFERENCE FORM

Study Abroad – Center for International Education



Completed by faculty for students' scholarship application for study abroad.

Part I: To be completed by the applicant.

Applicant's Name: _____

Study Abroad Program: _____

Applicants have the right to view letters of reference or have the contents disclosed to them. If you agree to waive this right, no signature is required. The absence of a signature below will mean you will not have access to this reference.

Student Signature

Date

Part II: To be completed by the faculty member. Academic references only.

1) How long, and in what capacity, have you known the applicant?

2) Please indicate your estimation of the student's ability to deal personally with novel situations and new environments and this student's suitability to deal with a study abroad program.

| | Excellent | Good | Fair | Poor | No opportunity to observe |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Emotional Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability / Flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Program's Suitability for Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) Please indicate how the program will serve the student's academic, professional and personal goals: (attach additional page if preferred):

4) Based on my knowledge and assessment, I would _____ this applicant for a merit based award:

- ____ Highly recommend
____ Recommend
____ Recommend with reservations
____ Not recommend

Faculty Name (please print): _____

Position: _____ Work Telephone: () _____

E-mail Address: _____

Signature

Date