

Global Education Center
Reference Form

| | |
|--|-----------------|
| Part I: To be completed by the Applicant | Deadline: _____ |
| Name of the applicant: _____ <i>Please print legibly</i> | |
| CWID: _____ Study Abroad Program: _____ | |
| Reference requested from: _____ <i>(Name)</i> <i>(Title)</i> | |
| I agree _____ do not agree _____ to waive my right of access to this reference. | |
| Applicant's signature _____ | |

Part II: To be completed by the evaluator.

The above referenced applicant is applying for the Semester Abroad Program. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form by the deadline to:

Study Abroad Department
Global Education Center
22 Normal Ave,
Montclair State University
Upper Montclair, NJ 07043

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

| | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>No opportunity to observe</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| ➤ Academic interest and motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Capacity for independent study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ability to express thoughts in speech/writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ability to adapt to new circumstances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Self-reliance/independence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ability to relate well to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Additional Comments:

Evaluator's name _____
Please print

Date _____

Position/Title _____

Telephone _____