



**Reference Form for NON-MSU Student
DUE DATE: 90 DAYS PRIOR TO DEPARTURE**

SUMMER STUDY ABROAD INSTITUTES
MONTCLAIR STATE UNIVERSITY
GLOBAL EDUCATION CENTER
22 NORMAL AVENUE
MONTCLAIR, NJ 07043

| | |
|--|------------------------|
| Part I: TO BE COMPLETED BY THE APPLICANT | Deadline: _____ |
| NAME OF APPLICANT _____ | |
| REFERENCE REQUESTED FROM _____ | |
| | (Name) (Title) |
| PROGRAM NAME _____ PROGRAM DATES _____ | |
| I AGREE ____ DO NOT AGREE ____ TO WAVE MY RIGHT OF ACCESS TO THIS REFERENCE. | |
| Applicant's signature _____ | |

Part II: TO BE COMPLETED BY THE EVALUATOR

The above-mentioned applicant is applying for A Summer Study 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: WENDY GILBERT-SIMON
MONTCLAIR STATE UNIVERSITY
GLOBAL EDUCATION CENTER
22 NORMAL AVE. ,
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.

| | Excellent | Good | Fair | Poor | No opportunity to observe |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| Competence in major/specialization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section as necessary

| | Excellent | Good | Fair | Poor | No opportunity to observe |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| Ability to adapt to a new circumstance | <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"/> |
| Emotional stability | <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"/> |

4. Additional Comments:



Evaluator's name _____ **Date** _____

Position/Title _____ **Telephone** _____