

STUDY ABROAD PROGRAM CONFIDENTIAL REFERENCE FORM

Part I: To be completed by the applicant								
Name of Applicant	Date of Request							
STUDY ABROAD PROGRAM	Country City							
Evaluator's Full Name	Title		I	Deadlir	ne for Request			
Under the U.S. federal law (Section 438 of Public certain education records. Section 438(a)(2)(B) puletters of recommendation. Many applicants have greater impact than one to which the applicant al requested by this form, please sign below.	rovides that a e found that a	student recomn	may w nendati	aive the on letter	right to inspect confidential written in confidence has a			
Applicant's Signature	Date							
PLEASE ASK THE EVALUATOR TO RECENTER for International Education, Bale evaluator with a stamped envelope if s/he is or staff member can return the evaluation for the Part I: To be completed by the evaluation	dwin 118, l s not a Trui form via car	K <mark>irksvi</mark> man fac	lle, M ulty o	O 6350	01 . Please provide the			
The above-mentioned applicant is applying tappreciate your assessment of the applicant								
Basis and extent of your acquaintance	with the app	olicant.						
Please indicate the applicant's academ necessary.	nc attributes	. You ma	ay eiao	orate in	the comments section ii			
	Excellent	Good	Fair	Poor	No opportunity to observe			
Competence in major/specialization								
Academic interest and motivation								
Capacity for independent study								
Ability to express thoughts in speech/writing								
Reliability					П			

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances					
Self-reliance/independence					
Ability to relate well to others					
Emotional stability					
Open-mindedness					
Integrity					
study abroad; how an international personally; and strengths which you elaborate in the comments section	ou believe the ap	plicant 1	night b	ring to	
5. Additional Comments:					