

Study Abroad Program Confidential Reference

TO THE STUDENT: FILL OUT THE TOP PORTION OF THIS FORM AND GIVE TO A FACULTY MEMBER WHO CAN COMMENT ON YOUR ACADEMIC QUALIFICATIONS.

NAME OF APPLICANT: _____

INTENDED EDUCATION ABROAD PROGRAM: _____

PLEASE CHECK ONE AND SIGN BELOW IN COMPLIANCE WITH PUBLIC LAW 93-380:

I WAIVE MY RIGHT TO VIEW THIS EVALUATION

I DO NOT WAIVE MY RIGHT TO VIEW THIS EVALUATION

SIGNATURE: _____

DATE: _____

TO THE REFEREE: YOUR FRANK ASSESSMENT OF THIS STUDENT'S MATURITY AND ACADEMIC ABILITY IS A VITAL PART OF THE EDUCATION ABROAD APPLICATION PROCESS. PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO THE OFFICE OF INTERNATIONAL PROGRAMS BY THE **APPLICATION DEADLINE:**

SPRING PROGRAMS: OCTOBER 1

FALL PROGRAMS: MARCH 1

NAME: _____ POSITION: _____

DEPT: _____ MAILING ADDRESS: _____

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

PLEASE RATE THE STUDENT ON THE FOLLOWING QUALITIES:

| | EXCELLENT (UPPER 5%) | GOOD (UPPER 10%) | AVERAGE (UPPER 25%) | FAIR (UPPER 50%) | POOR (LOWER 50%) | UNABLE TO RATE |
|------------------------------|-------------------------|---------------------|------------------------|---------------------|---------------------|-------------------|
| ACADEMIC ABILITY | | | | | | |
| MOTIVATION | | | | | | |
| INTELLECTUAL CURIOSITY | | | | | | |
| ABILITY TO ADAPT | | | | | | |
| SELF-CONFIDENCE AND MATURITY | | | | | | |
| INTERPERSONAL SKILLS | | | | | | |
| COMMUNICATION SKILLS | | | | | | |
| PROBLEM SOLVING SKILLS | | | | | | |

UND Education Abroad Confidential Reference

Office of International Programs 2908 University Ave Stop 7109 (701)777-4231

USING THE SPACE BELOW OR ANOTHER SHEET OF PAPER, PLEASE ELABORATE ON THE AFOREMENTIONED CHARACTERISTICS IN A LETTER OF RECOMMENDATION. ALSO, PLEASE ADDRESS ANY UNUSUAL APTITUDE OR ABILITY THE STUDENT HAS DEMONSTRATED.

DO YOU HAVE ANY RESERVATIONS OR HESITATIONS ABOUT RECOMMENDING THIS STUDENT FOR STUDY ABROAD? PLEASE EXPLAIN.

SELECTION OF STUDENTS FOR EDUCATION ABROAD PROGRAMS WILL BEGIN ON MARCH 1 FOR SUMMER AND FALL PROGRAMS AND ON OCTOBER 1 FOR SPRING PROGRAMS. PLEASE SEAL THIS REFERENCE IN AN ENVELOP AND RETURN IT TO THE **OFFICE OF INTERNATIONAL PROGRAMS, 2908 UNIVERSITY AVE STOP 7109, GRAND FORKS, ND 58202-7109. IF YOU HAVE ANY QUESTIONS PLEASE CALL (701)777-4231.**

THANK YOU FOR YOUR ASSISTANCE IN ENSURING THE CONTINUED SUCCESS OF UND'S EDUCATION ABROD PROGRAMS.

SIGNATURE: _____

DATE: _____