

ACADEMIC REFERENCE FORM

for a study abroad program with GlobalLinks Learning Abroad

Name:

First

Middle

Last

Academic Reference Name:

Title:

Department:

Home Institution:

Address:

City:

State:

Zip:

Telephone: ()

Fax: ()

Email:

1. Please indicate any classes which the above student has taken from you.

2. If you have not had this student in class, how do you know the applicant?

3. In general, how do you feel the applicant will benefit both personally and academically from an international experience?

4. Please rank the applicant in the following categories.

	Unknown	Poor	Fair	Average	Good	Excellent		Unknown	Poor	Fair	Average	Good	Excellent
Ability to work independently	0	1	2	3	4	5	Self-confidence	0	1	2	3	4	5
Reliability	0	1	2	3	4	5	Positive association with others	0	1	2	3	4	5
Degree of focused academic interest	0	1	2	3	4	5	Honesty	0	1	2	3	4	5
Current academic performance	0	1	2	3	4	5	Flexibility to adapt to new situations	0	1	2	3	4	5
Potential for academic success	0	1	2	3	4	5	Maturity	0	1	2	3	4	5
Capacity for innovation	0	1	2	3	4	5	Ability to learn and apply new skills	0	1	2	3	4	5

5. Please briefly describe reservations, if any, you may have with regards to this student's participation in an international program.

6. Final Comments:

Signature:

Date:



PLEASE RETURN AS SOON AS POSSIBLE TO:

GlobalLinks Learning Abroad

12050 N. Pecos Street, Suite 320 - Westminster, CO 80234

1-800-980-0033 - Fax: (303)446-5955

studyabroad@globalinksabroad.org