St Ambrose University
Center for International Education

Study Abroad Reference Form

Section 1: To be Completed by Student

Name _____
Last First Middle

Program City and Country _____
Study Abroad Term ☐Fall 20 ____ ☐Winter 20 ____ ☐Spring 20 ____ ☐May Term/Summer 20 ____

Please check one of the following:
____ I waive my right of access to this information. This reference will be considered confidential.
____ I do not waive my right of access to this information. The contents of this reference will be disclosed to me if I so request.

Signature _____ Date _____

Please give reference forms to SAU Faculty or Staff that know you well and will be able to provide an accurate and thorough recommendation.

Section 2: To be Completed by Evaluator

	Excellent	**Good**	**Poor**	**Unable to Judge**
Academic competence	5	3	1	0
Academic motivation	5	3	1	0
Capacity for independent study	5	3	1	0
Ability to express thoughts in speech/writing	5	3	1	0
Adaptability to a new environment	5	3	1	0
Independence	5	3	1	0
Integrity	5	3	1	0
Open-mindedness	5	3	1	0
Emotional stability	5	3	1	0
Ability to relate to others	5	3	1	0

Please comment frankly on your opinion of this candidate's chances for success (both-academic and non-academic) in a study abroad program.

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_____ _____ _____
Signature of Evaluator Email Date

Please return this form to the Center to International Education—300 Ambrose Hall.

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