



**Study Abroad Program  
Reference Form**

**Part I. To be completed by applicant.**

Reference submission deadlines:            February 15 - Fall or Summer Study Abroad  
(Please circle one)                            September 30 - Spring Study Abroad

Name of applicant (print): \_\_\_\_\_

Location Abroad: \_\_\_\_\_ Major/Program \_\_\_\_\_

I (agree, do not agree) to waive my right of access to this reference. (Please circle one)

\_\_\_\_\_  
(applicant signature)

Be sure to provide the evaluator with a stamped, addressed envelope and the deadline for submitting the reference form.

**Part II. To be completed by the evaluator.**

The student named above has applied for participation in the Kean University Study Abroad Program. A semester living in an unfamiliar environment can be a demanding experience, requiring organizational skills, self-reliance, and motivation beyond levels expected "at home." Your help in candidly appraising the applicant's strengths and limitation in this regard is greatly appreciated. If the student has signed the waiver above, this will be a confidential recommendation; if not, the student may see this form at a later date.

1. How long and in what capacity have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. In comparison with other students, how would you rate the applicant in the following areas (leave blank for no opportunity to observe)?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Competence in major or specialization	_____	_____	_____	_____
Academic interest and motivation	_____	_____	_____	_____
Capacity for independent study	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Ability to adapt to new or unstructured Circumstances	_____	_____	_____	_____
Self- confidence or self- esteem	_____	_____	_____	_____
Ability to relate well to others	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____
Integrity	_____	_____	_____	_____

3. Describing this student's strengths and limitations, please evaluate this student's chances for a successful overseas experience. Please feel free to attach additional pages if necessary.

\_\_\_\_\_  
 Evaluator's Signature                      Date                      Evaluator's Name (print)

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Thank you for your time and honest appraisal; please return this form directly to:

Donna Lowe Alexander, Coordinator, Study Abroad Program  
 Kean University Center for International Studies  
 1000 Morris Avenue  
 Kean Hall K-225  
 Union, New Jersey 07083