

PERSONAL REFERENCE FORM

To the Applicant:

This form should be given to a professor who is able to comment on your qualifications for study abroad. You should not request a commendation from a non-academic person unless you have been away from academic institutions for some time.

Program _____ Year _____

Name of Applicant _____
(Last) (First)

Applicant's Waiver of Right of Access:

The Family Educational Rights & Privacy Act, 20 USC Section 1232g allows a candidate to waive his or her right of access to confidential statements written in his or her behalf. The University does not require you to make such a waiver as a condition for admission.

I hereby waive my right of access to this recommendation:

Name _____ Date _____ Signature _____

To the Referee:

Name of person providing reference: _____

Position _____ Institution _____

Address _____ Phone _____

How long and in what capacity have you know the applicant? _____

Please rank below the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

	OUTSTANDING	VERY GOOD	GOOD	AVERAGE	BELOW AVERAGE
Motivation & seriousness of Purpose	_____	_____	_____	_____	_____
Ability to organize and express ideas orally or in writing	_____	_____	_____	_____	_____
Emotional stability and maturity	_____	_____	_____	_____	_____
Ability to adapt and get along with others	_____	_____	_____	_____	_____
Impression he/she will make abroad	_____	_____	_____	_____	_____

Please add any remarks that would help in the evaluation of the applicant.

Signature of Referee _____ Date _____

Please return this form to:

Department of Occupational Therapy – GA Trip
Xavier University
3800 Victory Parkway
Cincinnati, OH 45207-7341

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