



**PERSONAL QUESTIONS**

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What do you hope to achieve during your study abroad experience? \_\_\_\_\_

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Why do you think you are a good candidate for study abroad? \_\_\_\_\_

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Please list any honors, or scholarships you have received in the past:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

DESCRIBE YOUR PERSONAL INTERESTS: \_\_\_\_\_

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**I certify that the information in this application is accurate and true. I authorize XU's Office of Study Abroad to access my academic records and to contact appropriate personnel to verify that I am under no disciplinary action or have judicial cases pending against me.**

Date \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent's or guardian's signature if applicant is under age 18.

\_\_\_\_\_

**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.

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

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

\_\_\_\_\_  
\_\_\_\_\_

Signature of Referee \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to :

Mrs. Margaret McDiarmid  
Office of StudyAbroad, Schott 907  
Xavier University  
Cincinnati, OH 45221-0000

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Office of StudyAbroad, Schott 907  
Xavier University  
One Academic Mall**