

**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:

Department of Occupational Therapy – GA 2009  
Xavier University  
3800 Victory Parkway  
Cincinnati, OH 45207-7341

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