

GASIEWICZ REFERENCE FORM

STUDENT INFORMATION		
APPLICANT		STUDY ABROAD PROGRAM
MAJOR	CLASS	CITY/COUNTRY (PROGRAM)

STUDENT INSTRUCTIONS
<ul style="list-style-type: none"> This form should be given to a professor who knows you well and can comment on your qualifications and readiness for this study abroad program and scholarship. One faculty recommendation is required. You may submit more if you like. Forward all recommendation forms Ms. Cynthia Stockwell, WCB Undergraduate Office, 120A Smith Hall, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-1221.

(STUDENT) APPLICANT'S WAIVER OF RIGHT TO ACCESS
<ul style="list-style-type: none"> The Family Educational Rights & Privacy Act of 1974 (as amended P.L. 93-380) allows a candidate to waive his/her right of access to confidential statement written on his/her behalf. The university does not require you to make such a waiver as condition for admission. I hereby waive my right of access to this recommendation:

STUDENT NAME	SIGNATURE	DATE
--------------	-----------	------

NOTE TO FACULTY / ADMINISTRATOR REFEREE
<p>The Gasiewicz Scholarship was established to help students gain international business experience through study abroad or internships abroad. Awardees will receive \$750-1500 to help offset the cost of studying abroad in approved programs.</p>

PLEASE RATE THE APPLICANT ON THE FOLLOWING:						
CRITERIA	Outstanding	Very Good	Good	Average	Below Average	Don't Know N/A
MOTIVATION / SERIOUSNESS OF PURPOSE						
MATURITY						
ADAPTABILITY / RESILIENCE / HANDLE STRESS						
ACADEMIC						
PERSONAL INTEGRITY / RELIABILITY						
ABLE TO WORK WITH OTHERS / IN GROUPS						
OVERALL / READINESS FOR PROGRAM	☐ Recommend Highly		☐ Recommend		☐ Do Not Recommend	
ADDITIONAL COMMENTS (feel free to use back or attach a letter)						

REFEREE		
NAME	DEPARTMENT	
PHONE (XU)	E-MAIL	
How long have you known this student?	In what capacity?	
SIGNATURE	DATE	