



Semester in Salamanca Reference Form



TO BE COMPLETED BY THE APPLICANT

Name of Applicant: _____

Home institution: _____

Reference requested from: _____

*To the applicant: Under the U.S. Federal Law, students are permitted access to certain educational records. Many applicants have found, however, that recommendation letters may have a greater effect when such letters are written in confidence. If you waive your right to inspect the information requested by this form, please sign below.

Applicant's signature _____

Date _____

TO BE COMPLETED BY THE REFEREE

*Your opinion of the applicant will be of great assistance in the selection process. It is important that your comments be detailed and frank. It is particularly helpful to know the specific strengths of the candidate and any challenges or adjustments the student is likely to face, given your observation of her/his academic, programs require participants to be independent and self-motivated, as they are immersed in the host environment with only minimal support and supervision.

1. How long and in what capacity have you known the applicant? _____

2. Please indicate the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their academic careers. (Write "n/a" if not applicable.)

	Below Average Lowest 40 %	Average Mid 20%	Above Average Next 15%	Very Good Next 15%	Outstanding Top 10%	Inadequate Opportunity to Observe
General Knowledge						
Knowledge in chosen field						
Motivation and seriousness of purpose						
Potential for future growth in chosen field						
Ability to plan and carry out research						
Ability to express thoughts in speech and writing						
Emotional stability and maturity						
Self-reliance and independence						

3. Please comment on the applicant in terms of the following: a) academic suitability for study at and institution abroad; b) personal suitability for living abroad; c) how participation in the program will be of benefit, both academically and personally; d) student might experience in this immersion-type program, given her/his academic, personal and/or social skills; e) how the student is likely to respond to the challenges of a language barrier, if applicable. Please be as specific as possible.

Referee's signature _____
Name (type or print) _____
Position or title _____ Date _____
Office address and telephone _____

Please return by:
October 1 for spring semester programs
March 1 for fall semester programs

Nick Myers
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Return forms to: