OFFICE OF INTERNATIONAL PROGRAMS

FACULTY REFERENCE FORM *for Semester-long Study Abroad Programs*

Complete the following form and submit it to the Office of International Programs

Please type or print clearly in black or blue ink.

STUDENT DIRECTIONS

Complete the top portion and deliver this form to your chosen faculty member.

ACKNOWLEDGEMENTS

Applicant Name: _____ Salve ID#: _____ Date: _____

I am applying for the following semester study abroad program:

Program/University: _____

Provider (if applicable) _____

Location (City, Country) _____

Select only one of the below options:

☐ I hereby waive my right of access to the information on this reference.

☐ I do not waive my right of access to the information on this reference.

_____
Student Signature / date

FACULTY DIRECTIONS

Please complete the reference form below as candidly as possible. Submit the completed form to the Office of International Programs via campus mail, fax or email. Alternatively, you can email your comments to the following questions to studyabroad@salve.edu
Please be aware that this student's application will not be reviewed until your faculty reference is received.

1. Do you feel this student is a good candidate for study abroad? ☐Yes ☐No

2. For how long and in what capacity have you known this student?

Continued on the next page

3. Have you found this student to be a mature and responsible person? Do you think this student would make the personal, social, and academic adjustment to the overseas program(s) chosen?

4. Do you have any additional comments about this student?

Reference Name: _____ Department: _____

SIGNATURE: _____ **DATE:** _____