

REFERENCE 2

To the Applicant:

All Study Abroad applicants must have two references to support their application for admission. This reference (#2) may be from a Salve Regina academic advisor, faculty member, employer, volunteer supervisor or former teacher who knows you well. **You are responsible for ensuring that your references return these forms directly to the Office of International Programs on your behalf before the application deadline of (_____).**

Applicant (Please Print) _____ Date _____

I intend to study abroad during the ___ Fall / ___ Spring semester of the _____ academic year.

Country _____ College Abroad _____

Campus Address: _____

City, State: _____

Telephone: _(_____) _____ E-mail: _____

Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to review materials submitted in connection with your application. The law also allows you to waive this right if you so choose with the understanding that confidential recommendations are not required in the admissions process. Please check one of the following and sign:

_____ I do not waive my right of access to this recommendation.

_____ I waive my right of access to this recommendation.

(If you waive the right of access to your recommendations, please give each Recommender a stamped envelope addressed to the Director, Office of International Programs, Gatehouse, Salve Regina University, 100 Ochre Point Avenue, Newport, RI 02840, to ensure confidentiality.)

Signature: _____ Date: _____

To the Recommender:

The candidate's application cannot be reviewed until we receive this completed reference form. Thank you for returning it promptly to the address on the back of this form.

(over)

REFERENCE 2 (CONT)

Please rate the applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Writing ability:	_____	_____	_____	_____	_____
Spoken Expression:	_____	_____	_____	_____	_____
Initiative:	_____	_____	_____	_____	_____
Ability to cope with ambiguity:	_____	_____	_____	_____	_____
Ability to work with group of peers	_____	_____	_____	_____	_____

In what capacity and for how long have you known the applicant?

What are the applicant's strengths and weaknesses?

In your opinion, does this applicant have a clear motivation for studying abroad, and does he/she have the ability and maturity to achieve his/her goals in studying abroad?

Name and Title: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____

**Please return this form to the Director, Office of International Programs, Gatehouse,
Salve Regina University, 100 Ochre Point Avenue, Newport, RI 02840.**