



OFFICE OF INTERNATIONAL PROGRAMS

FACULTY REFERENCE FORM *for Short-Term Study Abroad Programs*

Please submit this form to the Office of International Programs by the application deadline shown below.

Please type or print clearly in black or blue ink.

STUDENT DIRECTIONS

Complete and sign the top portion (electronic signatures are accepted, but not typed signatures). Print or email the form and send to your faculty reference.

ACKNOWLEDGEMENTS

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

I am applying for the following short-term study abroad program(s):

Program Choice #1: _____ Application Deadline: _____

Program Choice #2: _____ Application Deadline: _____

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. **If faculty email this form from their salve.edu email address, they do not need to sign it.** Send 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?

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:** _____

*Note: Faculty signature is not required if this form is sent from the faculty's salve.edu email address.