

# Academic-Reference Form



## TO BE COMPLETED BY THE APPLICANT

Name of Applicant \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Program name/location \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

17 NEW SOUTH STREET, #205  
 NORTHAMPTON, MA 01060  
 USA  
 TOLL FREE 877.617.9090  
 FAX 413.582.0327

Under the provisions of the Family Education Rights and Privacy Act, I hereby waive my right of access to this file:

Signature of applicant\* \_\_\_\_\_ Date \_\_\_\_\_

*\*By signing, you waive access to the contents of this recommendation and it will be sent directly to CIS.*

## TO BE COMPLETED BY THE ACADEMIC EVALUATOR

Name of Evaluator \_\_\_\_\_ Title \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please assess according to the following criteria by checking the appropriate boxes:

	EXCELLENT	GOOD	FAIR	POOR	DO NOT KNOW	COMMENTS
Academic performance						
Ability to tolerate differing viewpoints						
Judgement						
Motivation						
Personal maturity						
Emotional stability						
Ability to cope with difficulties						

*(Please continue on next page.)*

# Academic-Reference Form continued

Are there any other comments that you have that we should consider when reviewing the student's application for study abroad?

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I recommend this applicant for participation in a study-abroad program:

- Without reservations
- With reservations (please explain)

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- I do not recommend (please explain)

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Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Thank you for your consideration.*