

MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY

Formerly University of Missouri-Rolla

## **Academic Reference Form**

Applicant: Please complete this portion of the reference form and give one copy to your advisor and one to an additional Missouri S&T faculty member who has agreed to provide a reference for you.					
Name of Applicant:	_Telephone:				
E-mail address:	_				
Name of University where you are applying:	Semester:	Year:			
I hereby authorize (name of referee)to complete this academic reference form on my behalf. I waive my right to access to this recommendation and understand that the information provided will be used only for the purpose of application for a Missouri S&T study abroad application. Signature of applicant:Date:					

**Dear Faculty Member:** 

Thank you for agreeing to complete this reference form. The student named above has applied for a Missouri S&T study abroad program. Acceptance to this program is based on academic history, economic need, as well as maturity. It is important to the student and to Missouri S&T that we select only those students who are most likely to succeed in and benefit from this program. We appreciate your candid opinion as you answer the following questions. As you will note above, the candidate has waived his right of access to this reference.

If you have questions regarding this procedure, please contact me at 341-4208. If you would rather write a letter of reference, please use this form as a guide in providing the information we feel necessary in helping us to make study abroad program participation decisions.

The student's application for study abroad cannot be processed until the references are received. We would appreciate receiving you response as soon as possible. Please do not return the form to the student, but mail it to:

Mr. Harold Tubbs Missouri University of Science and Technology International Affairs Office 103 Norwood Hall Rolla, Missouri 65409

- 1. How long and in what capacity have you known the applicant? \_\_\_\_\_\_
- 2. What is your assessment of this student's academic ability, academic motivation and past performance?
- 3. Please indicate the applicant's ability and competence in the following areas in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Very Good	Inadequate Opportunity to Observe
Knowledge of area of specialization					
Able to plan and carry out research/independent study					
Able to express thoughts in speech					
and writings					
Self-assured and independent					
Emotionally mature					
Socially mature					
Cooperative					
Well-mannered					
Responsible					

- Note: If a foreign language is required for the program participation, and you have knowledge of the student's capabilities in this area, please answer questions 4 and 5. If not please move to question 6.
- 4. Please indicate your opinion of the applicant's present foreign language ability in each of the following categories:

	None	Limited, basic ability	Intermediate, some consistenc	Advanced: can use complex structures
Listening ability				
Speaking ability				
<b>Reading ability</b>				
Writing ability				

5. What is your opinion of the applicant's ability to pursue university-level coursework in this language?

\_\_\_\_\_Should have no difficulty. \_\_\_\_\_\_Should be able to manage adequately after a short period of adjustment abroad. \_\_\_\_\_\_Will require additional training before beginning the program. \_\_\_\_\_\_Will require considerable training before necessary competence can be attained.

- 6. If selected, this student will be required to make an adjustment to a challenging living environment. The student's success in this program will be strongly affected by this adjustment of living in a foreign culture. Based on your knowledge of this student, please give us your opinion of his/her ability to make such adjustments.
- 7. How would you describe the candidate in terms of their maturity, sense of responsibility, reliability, honesty and character?
- 8. Please use this space to make any additional comments related to the applicant's qualifications for the program. You may attach an additional sheet if necessary.
- 9. Please check the statement that most accurately reflects your opinion regarding this applicant.

\_\_\_\_\_The student has my strong recommendation.

\_\_\_\_\_I cannot recommend this student for the program.

\_\_\_\_\_I have minor reservations, but I am willing to recommend this student with the following reservations: \_\_\_\_\_\_

Advisor's Signature:	Date:
Title:	Department:
E-mail address:	-