**Recommendation Form for Admission** 

**to an MSUM Study Abroad Program**

* This section to be completed by Applicant

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For study in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Requested from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Occupation or Position)

* This section to be completed by Referee

This reference is prepared with the understanding that these comments will be held in confidence.

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

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2. Please indicate the applicant’s competence in the following areas in comparison with other individuals whom you have known at

similar stages in their careers.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  B­elow Average |  Average |  Above Average |  Very Good |  Outstanding |  Inadequate opportunity  to observe | Any Comments |
| Intellectually Curious |   |   |   |   |   |   |   |
| Socially Mature |   |   |   |   |   |   |   |
| Self-Reliant |   |   |   |   |   |   |   |
| Emotionally Mature |   |   |   |   |   |   |   |
| Self-Motivated |   |   |   |   |   |   |   |
| Articulate |   |   |   |   |   |   |   |
| Perceptive |   |   |   |   |   |   |   |
| Adaptable |   |   |   |   |   |   |   |
| Cooperative |   |   |   |   |   |   |   |
| Well-Mannered |   |   |   |   |   |   |   |

3. The student named above is an applicant for a study abroad program. The program involves a full schedule of academic work abroad. To benefit from this experience a student must be highly motivated, emotionally mature, and able to adapt easily to people with different cultural and social backgrounds. All participants have strengths and weaknesses relevant to their participation in study abroad programs. We would appreciate your thoughtful and candid appraisal of this applicant. Your remarks will be seen by faculty and staff specifically responsible for counseling the student regarding this program.

STRENGTHS:

WEAKNESSES:

**If a foreign language is required for program participation and you have knowledge of the student’s capabilities, please answer questions 4 and 5. If not, please leave blank.**

4. Please indicate your opinion of the applicant’s present language ability in each of the following categories.

 Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Listening Ability: Speaking Ability: Reading Ability: Writing Ability:

 None ……………………………………...... \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Limited, Basic Ability ……………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Intermediate, Some Inconsistency ………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advanced, Can Use Complex Structures … \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What is your opinion of the applicant’s ability to use this language in the host country?

□ Should have no difficulty

□ Should be able to manage adequately after a short period of adjustment abroad

□Would require considerable training before necessary competence is obtained

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail this form to:

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**to an MSUM Study Abroad Program**

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail this form to: