

DR. GEORGE H. BENNETT STUDY ABROAD SCHOLARSHIP ❖ ACADEMIC REFERENCE FORM

Your application for this scholarship must be accompanied by two **FACULTY** references. For each reference form, please complete Part I and then have the Virginia State University faculty member complete and sign Part II. The form should be returned in a **SEALED** envelope with the faculty member's signature across the flap. Additional comments may also be attached to this form.

PART I: TO BE COMPLETED BY THE APPLICANT

Applicant Name _____

Student ID Number _____ Classification (circle ONE) FR SO JR SR GRAD

Local Address _____

City _____ State _____ Zip _____ Telephone _____

Study Abroad Program Name/Host University _____ Program Location _____

I hereby (check one) Waive Do Not Waive my right of access to this reference information.

Applicant's signature _____ Date _____

PART II: TO BE COMPLETED BY THE FACULTY REFEREE

The above named student is applying for a study abroad scholarship. Please supply an assessment of the applicant by responding to the following items. Sign the form below and return it to the student in a sealed envelope. Please provide comments requested below.

ACQUAINTANCE WITH THE APPLICANT
 How long have you known the applicant? _____

In what capacity have you known the applicant? _____

ACADEMIC ATTRIBUTES	Excellent	Good	Fair	Poor	Not Observed
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility (completes assignments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUITABILITY FOR PROGRAM PARTICIPATION					
Ability to adapt to new circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to other students and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your knowledge of this student, please comment on the student's compatibility with the selected program.

Name (Print) _____ Title/Position _____

Department _____ Phone _____ Email _____

Signature _____ Date _____