



DBS Study Abroad Program Academic Reference Form

Applicant Information

Name: _____
Current address: _____
City, State, Zip: _____
Current phone: _____
Email: _____

Semester/year of study:
 Fall 2010 Spring 2011

Under the provisions of the Family Educational Rights and Privacy Act, I hereby waive my right of access to this reference/recommendation document and authorize the Academic Evaluator to release my educational records and information to the DBS Study Abroad Program.

Signature of applicant*: _____ Date: _____

**By signing you waive access to the contents of this document and it will be sent directly to the DBS Study Abroad Program Admissions Office.*

Note to student:

We recommend providing your academic evaluator with an addressed, stamped envelope to the DBS Study Abroad Program to make this process as easy as possible for him/her.

Dear Academic Evaluator,

The DBS Study Abroad Program wishes to provide select students a positive learning experience both inside and outside of the classroom during their time in Dublin. We recognize that this will be an important time in each student's life and therefore, would appreciate your feedback and recommendation of this applicant's suitability for an overseas learning opportunity.

We welcome students who are genuinely interested in studying and living abroad with the ability to meet the challenges of an overseas learning environment. We seek students who will benefit from the rewards that come with a study abroad experience.

Please answer the following questions, or substitute a personal letter if you prefer, to assist us in determining this candidate's suitability. Please note that the student's application will not be complete until we receive this form.

How long and in what capacity have you known this student?

Please describe the applicant as a student.

- Excellent student
- Above average student
- Below average student
- Not enough information to judge

How would you rate this applicant's ability to adjust to new circumstances?

- Excellent
- Good
- Above average
- Fair
- Poor

Is this applicant mature enough to cope with the demands of being outside his/her familiar surroundings?

- Yes
- No

Do you recommend this student to participate in the DBS Study Abroad Program?

- Yes
- No

Additional comments:

Dr./Mr./Mrs/Ms.: _____

Position: _____

Department: _____

Institution: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature and date: _____

Thank you for your time and efforts.