

Name of Applicant: \_\_\_\_\_ Program: \_\_\_\_\_

Reference requested from: \_\_\_\_\_  
 (Name) (Position/Title)

**THIS SECTION TO BE COMPLETED BY STUDENT: Waiver statement (read carefully and sign):**

I understand my right under the provisions of PL 93-380.513 (Family Rights and Privacy Act of 1974) to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that I shall not do so in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY REFEREE:**

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

2. Please indicate the applicant's ability and competence in comparison with other individuals whom you have known at similar stages in their careers.

	Below Average	Average	Above Average	Very Good	Out- Standing	Inadequate opportunity to observe	Comments
ACADEMIC POTENTIAL							_____
INDEPENDENCE							_____
SOCIALSKILLS							_____
SELF-RELIANCE							_____
SELF-MOTIVATION							_____
SELF-ASSURANCE							_____
ARTICULATE							_____
PERCEPTIVE							_____
ADAPTABLE							_____
RESPONSIBLE							_____

3. The student named above is an applicant for a UNL-sponsored study abroad program. To benefit fully from this experience a student should be highly motivated, emotionally mature, and able to adapt to people with different cultural and social backgrounds. Your candid appraisal of the student for this program will be appreciated. Your remarks will be seen only by faculty and staff specifically responsible for selecting students for this program. Thank you for your cooperation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address & telephone: \_\_\_\_\_

**Mail directly to:** International Affairs, 420 University Terrace, University of Nebraska-Lincoln, Lincoln, NE 68588-0682

-- Or return to the student.