**STUDENT DIRECTIONS**

Complete the top portion and deliver this form to your chosen faculty member.

**ACKNOWLEDGEMENTS**

Applicant Name: ___________________________  Salve ID#: ____________  Date: ____________

I am applying for the following semester study abroad program:

Program/University: _______________________________________________________________

Provider (if applicable) ____________________________________________________________

Location (City, Country) ___________________________________________________________

Select only one of the below options:

☐ I hereby waive my right of access to the information on this reference.

☐ I do not waive my right of access to the information on this reference.

__________________________________________
Student Signature / date

**FACULTY DIRECTIONS**

Please complete the reference form below as candidly as possible. Submit the completed form to the Office of International Programs via campus mail, fax or email. Alternatively, you can email your comments to the following questions to studyabroad@salve.edu.

Please be aware that this student’s application will not be reviewed until your faculty reference is received.

1. Do you feel this student is a good candidate for study abroad?  ☐ Yes  ☐ No

2. For how long and in what capacity have you known this student?
3. Have you found this student to be a mature and responsible person? Do you think this student would make the personal, social, and academic adjustment to the overseas program(s) chosen?

4. Do you have any additional comments about this student?

Reference Name: ___________________________ Department: ___________________________

SIGNATURE: ___________________________ DATE: ___________________________