

TO THE STUDENT: Complete and sign the top section and then give the form to your choice of one academic reference and one additional reference. Please print.

Name of Applicant: _____

Student ID: _____

Check ONE option below and then sign.

- ☐ I hereby forgo any claim to access this recommendation written on behalf of my application to the Cedarville University program listed above.
- ☐ I do not wish to forgo any claim to access this recommendation written on behalf of my application to the program listed above.

Signature of Applicant: _____

Date: _____

TO THE INDIVIDUAL COMPLETEING THIS FORM: This candidate's application cannot be reviewed until we receive this form. Please return it promptly to the address at the end of the form.

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

Duration Since: _____

- ☐ Continuous contact
- ☐ Infrequent contact
- ☐ No contact since: _____
- ☐ Only through records

Capacity

- ☐ Student in large class/lecture
- ☐ Student in small class/lecture
- ☐ Advisee
- ☐ Interview
- ☐ Employee

2. Please describe the applicant as a student.

Assessment

- ☐ Excellent student
- ☐ Above average student
- ☐ Average student
- ☐ Below average student
- ☐ Insufficient record to judge

Basis of assessment

- ☐ Personal knowledge/records
- ☐ Reports of others
- ☐ Record review only

3. How would you rate the student's oral and written communication skills?

Oral skills

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Unknown

Written skills

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Unknown

Basis of assessment

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Unknown

4. Will the student be motivated in her or his studies and work at the program site?

Assessment

<input type="checkbox"/>	Highly motivated
<input type="checkbox"/>	Adequately motivated
<input type="checkbox"/>	Unmotivated
<input type="checkbox"/>	No basis for judgment

Basis for assessment

<input type="checkbox"/>	Personal knowledge/records
<input type="checkbox"/>	Reports of others
<input type="checkbox"/>	Record review only

Comments:

5. The student will be part of a program that lacks the structure of a typical university environment. Is the student self-reliant and mature enough to perform well in this type of program?

Self-reliant

<input type="checkbox"/>	Very self-reliant
<input type="checkbox"/>	Generally self-reliant
<input type="checkbox"/>	Will require help

Mature

<input type="checkbox"/>	Very mature
<input type="checkbox"/>	Fairly mature
<input type="checkbox"/>	Somewhat immature

Basis of assessment

<input type="checkbox"/>	Personal knowledge
<input type="checkbox"/>	Reports of others
<input type="checkbox"/>	Records only

Comments:

6. If you were the director of the applicant's program, would you be eager to have this student as a participant? Why? Why not?

7. Please provide a brief statement about the student that addresses the student's strengths and weaknesses as they relate to the C.U. Semester in DC. Include your recommendation and any other information that you feel would be relevant to the application.

Name (please print): _____ Title: _____

Signature: _____ Date: _____

Please return to: Cedarville University (or by campus mail to The Office of International Programs)
Office of International Programs
251 N. Main Street
Cedarville, OH 45314