

Reference Form for UGA Croatia Maymester Study Abroad Program



Please return by February 3, 2012 to:

Anjali Maria Mathew, University of Georgia Center for Global Health
150 Coverdell Center, 500 D. W. Brooks Drive Athens, GA 30602

Fax: 1-706-542-9537

I. This section is to be completed by the student applicant (*please print or type*):

Applicant's Name _____

Applicant's local telephone _____ E-mail _____

This reference is is **not** confidential Signature _____

II. This section to be completed by the referee

Name and title of referee _____

Phone _____ E-mail _____

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

2. Would you be Eager Willing Reluctant to have the applicant as a participant in a study abroad program you were conducting, considering the necessity of cooperating with a large group and adjusting to new situations requiring great tact, social sensitivity, maturity, and personal integrity during an intensive period of study.

Please indicate your perceptions of the applicant's competence in the following areas:

| Area | Below Average | Average | Above Average | Outstanding | Inadequate Opportunity To Observe |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Intellectual | | | | | |
| Curiosity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional | | | | | |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress Tolerance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to interact | | | | | |
| with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-motivation/ Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other remarks may be written or typed on the back of this form or on a separate sheet, if desired.

Signature of Referee _____ Date _____

Please notify the student when he/she may pick up reference or forward it to the address above.