



ABILENE CHRISTIAN UNIVERSITY

# FACULTY REFERENCE FORM

## TO BE COMPLETED BY APPLICANT

A Faculty Reference Form may be completed by a current or former professor.

Approve one of the following statements before giving this reference form to your faculty reference to complete.

- I HEREBY WAIVE ANY CLAIM to access faculty reference forms written on behalf of my application.
- I DO NOT WISH TO WAIVE CLAIM to access faculty reference forms written on behalf of my application.

Applicant's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Study Abroad Program for which you are applying:

Location	Semester or Summer	Year
<input type="checkbox"/> ACU in Germany	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> ACU in Latin America	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> ACU in Oxford	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other (please indicate) _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> _____	

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How long have you known the student? \_\_\_\_\_

Please comment on the applicant's eagerness to learn and ability to work independently: \_\_\_\_\_

Of the students I have taught, this one ranks in the top \_\_\_5 percent \_\_\_10 percent \_\_\_25 percent \_\_\_50 percent

Additional remarks or other issues of which I should be aware: \_\_\_\_\_

- Highly Recommend  
  Recommend  
  Recommend with reservation  
  Do not recommend

Assessment	Excellent	Above Average	Adequate	Poor	Unable to Judge
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits/discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and integrity	<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"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Complete this form and return to: Study Abroad Office, ACU Box 28226

OFFICE USE ONLY: Date received \_\_\_\_\_