

Рп: 434.947.8285 www.randolphcollege.edu

Residence Life Evaluation of Study Abroad Applicant

Completed by Applicant

 Applicant's Name

 Program
 Short term
 Semester long
 Departs
 /_____
 year long

Reference requested of: ____

(Print Faculty's Name)

Waiver Statement by Applicant:

I hereby waive my rights of access now and in the future to the information contained in this evaluation.

(Applicant's Signature)

(Date)

PLEASE PASS THIS APPLICATION TO THE REFEREE LISTED ABOVE

Completed by Referee

Please evaluate the applicant for suitability in the above study abroad program.

The student who is accepted for this program should be academically sound, able to live harmoniously with others in relatively confined quarters, stable and reasonably self-reliant.

This form is provided for the convenience of Residence Life referees. The check list should give you some idea of what we consider important factors in selecting students to go on a Study Abroad program. If you prefer, you may write a letter in lieu of this form. In any case, a narrative comment would be appreciated in section II. Please return to:

Associate Provost Goodjohn Office of the Provost 2500 Rivermont Avenue Lynchburg, Virginia 24503-1555

bgoodjohn@randolphcollege.edu

(over, please)

Founded as Randolph-Macon Woman's College in 1891

I. <u>Please rate the following factors:</u>

	Poor	Average	Good	Excellent	Unable to Comment
a. Emotional Maturity & Stability					
b. Adaptability or Flexibility					
c. Consideration for Others					
d. Study Habits					
e. Courtesy					
f. Cooperativeness					
g. Acceptance of Criticism					
h. Initiative					
I. Ability to Avoid Taking Oneself Too Seriously					
j. Reliability					
k. Sense of Responsibility					
I. Interaction with Peers					
m. Cheerfulness & Sense of Humor					
n. Resourcefulness					

II. Narrative comment on any of the above items or other pertinent matters (feel free to attach a letter on your letterhead if that is easier):

Above comments are based on: personal observations & contact a conference with the Resident Assistant						
Highly Recommended	Recommend	Recommend with Reservations	Not Recommended			
Signature:		Date:	Date:			
Name (Please print):		Title:				
E-mail address (for acknowledgement)						