## Confidential Academic Reference Form

## REQUIRED FOR UW-SUPERIOR PROGRAMS IN KOREA AND SCOTLAND

(references must be from an educator/instructor)

Please return the completed form to the address below or provide to the student to include with application.

Phone: 715.394.8020

University of Wisconsin-Superior	Fax: 715.394.8363			
Belknap & Catlin; P.O. Box 2000	Email: csawinsk@uwsuper.edu			
Superior WI 54880-4500				
To be completed by the student:				
Student Name:	Program Title:			
Program Sponsor:   UWS  Other				
Term Abroad: (e.g. Fall 06) Name of R	leference:			
To be completed by academic reference: (Please reference is submitted to the Office of International	11			
Acquaintance with applicant:  I have known the applicant for:years				
Check all that apply:  The applicant is/was in a class I teach.  I know the applicant through discussions I am an academic advisor to the applican Other (please specify)	nt.			

## Please rate the student on these characteristics:

Office of International Programs

Characteristic	Excellent	High	Average	Low	Unknown
Curiosity about the world					
Tolerance for persons who differ in background/culture					
Flexibility in facing new or challenging situations					
Receptiveness to new ideas					
Ability to work independently					
Initiative when facing new tasks					
Ability to work cooperatively in a group					
General learning ability					
Emotional maturity and ability to manage stress					
Time management skills					

## Recommendation

Please respond to the following question	ons below on this sheet or	r in form of a	n attached letter of				
reference.							
What are some of the best characteri	stics of the student?						
Comment on the Student's motivatio ability/maturity to achieve those goal		his study ab	road program and				
What, if any, are your concerns about program?	nt the student/s particip	ation in the	study abroad				
What are other important factors you would like to note about the student?							
Based on your understanding of the program and assessment of the student, do you support the student's participation?							
☐ Enthusiastically ☐ Support	☐ With reservation	□ Do 1	ot support				
Name:							
Title:		Institution:					
Street Address:	City:	State:	Zip:				
Email:		Phone:					
Signature:		Date:					