Go Campus Recommendation Form

go campus

Name of Student: _____

to be completed by referent

Name of referent: _____

Title of referent: _____

Organization / School / Company: _____

Tel.: _____ E-mail: _____

Signature of referent: _____

School seal/stamp if possible.

In what specific capacity have you known the student?

■ Professor ❒ Job Supervisor ❒ Academic Advisor ❒ Other (specify): _____

For how long have you known the student? _____

Based on your experience with the student, how would you rate his/her:

	5 – Superior	*4 – Excellent*	*3 – Good*	*2 – Average*	*1 – Weak*	*0 – Unknown*
Motivation:	☐	☐	☐	☐	☐	☐
Cross-cultural interests:	☐	☐	☐	☐	☐	☐
Creativity:	☐	☐	☐	☐	☐	☐
Adaptability:	☐	☐	☐	☐	☐	☐
Interpersonal skills:	☐	☐	☐	☐	☐	☐
Respect for others:	☐	☐	☐	☐	☐	☐
Integrity:	☐	☐	☐	☐	☐	☐
Leadership Potential:	☐	☐	☐	☐	☐	☐

Indicate your overall evaluation of the student for undergraduate/graduate study and campus life by checking one of the following:

❒ Highly recommend ❒ Recommend ❒ Recommend with reservations ❒ Not recommend

Evaluation :

Information that will help us to differentiate this student from others (please elaborate)

20.12.2011