Study Abroad Recommendation

Part 1. To be completed by applicant.

Name: _________________________________ Student ID# ____________________

1. Have you previously, traveled, lived, studied or worked abroad? Please provide dates and description of each activity abroad.

2. Please describe your ability to communicate across cultures and/or in a second language?

3. Please provide an example of a situation in which you had to deal with stress or uncertainty.

4. Please describe your familiarity with your program destination/host country. What preparations have you made to prepare yourself for this experience?

If additional space is needed, please attach on a separate sheet.

Part 2. To be completed by person providing reference.

Please rate this individual on the following characteristics as best as you are able.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Excellent top 5%</th>
<th>Good top 10%</th>
<th>Average Top 25%</th>
<th>Fair Top 50%</th>
<th>Poor Below 50%</th>
<th>Unable to rate</th>
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<tbody>
<tr>
<td>Motivation—dedication to work and studies</td>
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<td>Integrity—commitment to high ethical standards</td>
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<td>Communication skills—oral and written ability to convey information to others</td>
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<td>Interpersonal skills—ability to work well with others</td>
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<td>Coping skills—ability to deal with stress, ambiguity, etc.</td>
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<td>Self-concept—extent of self-esteem, positive self-regard, etc</td>
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<td>Scholastic aptitude—ability to learn new facts and concepts</td>
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<td>Problem solving skills—ability to extract and integrate information toward solutions to problems</td>
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<td>Overall academic potential—likelihood of academic success</td>
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<td>Overall personal adjustment—likelihood of personal success</td>
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</tbody>
</table>
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Please comment on the following:

1. Feasibility of the student’s proposed study activity.

2. Student’s adaptability to a different cultural environment.

3. Student’s knowledge of the host country.

4. Impression that the student will make abroad as a representative of Kennesaw State.

If additional space is needed, please attach on a separate sheet.

Signature ________________________________ Print name: ________________________________

Institution/Organization: ____________________________ Position/Title: ________________________

Phone ( _____ ) ____________ E-mail: ___________________________ Date: ___________________

Please return this completed form directly to:

Dr. Stacy Delacruz
Interim Director of Global Engagement
Bagwell College of Education
MD 0120, Education, Rm. 3202
580 Parliament Garden Way, NW
Kennesaw, GA 30144

sdelacru@kennesaw.edu
470-578-2542 (Phone)

International Field Placements Website
http://bagwell.kennesaw.edu/bcoe/ife