**TUJ Spring Study Abroad/ Boston Exchange Program**

**Faculty Reference Form**

**Student**: Complete the top section of this form, then give the form to a teacher who knows you and your abilities and accomplishments at school. By so doing, you give permission to that individual to release this information to the Showa Boston and Tokyo selection committee for their review.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Full Legal Name | Student ID | Showa Boston Program | Department |
| Check the program(s) you’re applying for:  □TUJ Study Abroad □TUJ Bridge □Framingham State University □Newbury College □Lesley University | | | |

**Evaluator**: This student is applying for a one-semester exchange program. The information you submit *will not be revealed to the student*, unless required by law.

**1. Ratings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area | Excellent | Good | Average | Below Average | No Basis to Rate |
| Creative, Original thought | □ | □ | □ | □ | □ |
| Independence, initiative | □ | □ | □ | □ | □ |
| Intellectual ability | □ | □ | □ | □ | □ |
| Emotional ability | □ | □ | □ | □ | □ |
| Academic ability | □ | □ | □ | □ | □ |
| Openness to new ideas | □ | □ | □ | □ | □ |
| Flexibility, adaptability | □ | □ | □ | □ | □ |
| Ability to communicate | □ | □ | □ | □ | □ |
| Potential for growth | □ | □ | □ | □ | □ |
| Disciplined habits | □ | □ | □ | □ | □ |
| Participation | □ | □ | □ | □ | □ |

**2. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning in a foreign language? □ Yes □ No**

**3. Please write a brief comment to explain your answers and to provide any additional comments on the applicant’s suitability as an exchange student and cultural ambassador.**

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| **RECOMMENDATION** In reference to this Applicant’s candidacy as a semester exchange student, I (*check one*):  □Strongly Recommend □Recommend □Have No Opinion □Do Not Recommend □Strongly Do Not Recommend |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title (type or print) | Signature (in blue ink) | | Date *(e.g. 15/Dec/2015)* |
| Name of Department | Phone | E-mail | |

**DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.** Please submit this form by **September 28** to:

Global Education Center / Yasuko Voccio ([yvoccio@showaboston.edu](mailto:yvoccio@showaboston.edu))