**2020 Spring Semester**

**TUJ / Boston Semester Exchange Programs**

**Faculty Reference Form for BLIP-S Students**

**Student**: Please complete the top section of this form. Then, give this form to a Showa Boston teacher that has taught you for 15 weeks during the spring 2019 semester, who knows your skills, abilities and accomplishments. By so doing, you give permission to that teacher to release this information to the Showa Boston and Tokyo selection committee for their review.

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

**Evaluator**: This student is applying for a semester exchange program at one of our American partner schools. 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 attending classes full-time in English? □ 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 30, 2019** to: Global Education Center / Yasuko Voccio (yvoccio@showaboston.edu)