Greek Studies Scholarship Academic Reference Form

STUDENT: Please complete this portion of the recommendation form and give it to a UM-St. Louis faculty member who has agreed to write a reference for you.

Name of student: _______________________________________________________________

Student number: ____________________________ Telephone: ____________________________

Program for which you are applying: _____Greek Studies Certificate Scholarship___________

Name of faculty member completing this form: _______________________________________

I hereby authorize the above faculty member to complete this form. I waive my right to access this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.

Signature of student ____________________________ Date ____________________________

Dear Faculty Member:

Thank you for agreeing to complete this reference form. The student named above has applied for a UM-St. Louis Greek Studies Certificate scholarship. These scholarships are awarded based on academic merit. It is important to the student and to the University that we select only those students who are most likely to succeed in and benefit from this scholarship. We appreciate your candid opinion as you answer the following questions. As you will note above, the candidate has waived right of access to this reference.

If you have questions regarding this procedure, please contact Bob Baumann, Assistant Director, International Studies. If you would rather write a letter of reference, please use this form as a guide in providing the information we feel necessary in helping us make admission decisions.

The student’s application cannot be processed until the references are received. We would appreciate receiving your response as soon as possible. Deadline: April 25, 2011. Please do not return the form to the student, but to:

Bob Baumann, Assistant Director
Center for International Studies, 366 SSB, UM-St. Louis
One University Blvd.; St. Louis, MO  63121-4400
bob.baumann@umsl.edu
1. How long and in what capacity have you known the applicant?
____________________________________
________________________________________________________________________
____________________________

2. What is your assessment of this student's ability, academic motivation and past performance?

____________________________
____________________________________
________________________________________________________________________
____________________________
3. Please indicate the applicant’s ability and competence in the following areas in comparison with other individuals whom you have known at similar stages in their academic careers.

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<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>Inadequate Opportunity to Observe</th>
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<tbody>
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<td>Knowledge in area of specialization</td>
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<td>Able to plan and carry out research/independent study</td>
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<td>Able to express thoughts in speech and writing</td>
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<td>Self-assured and independent</td>
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<td>Emotionally mature</td>
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<td>Socially mature</td>
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<td>Responsible</td>
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4. How would you describe the candidate in terms of her/his maturity, sense of responsibility, reliability, honesty, and character?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

5. Please use this space to make any additional comments related to the applicant's qualifications for the scholarship. You may attach an additional sheet if necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

6. Please check the statement that most accurately reflects your opinion regarding this applicant.
_____ The student has my strong recommendation.
_____ I cannot recommend this student for the scholarship.
_____ I have minor reservations, but am willing to recommend this student with the following reservations:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please print the following information:  

___________________________________________  Thank you!

___________________________________________

Name 		Title/Position and Department

___________________________________________

Email Address 		Campus Telephone Number

___________________________________________

Signature 		Date