

Applicant's name (print)	email address
Program/Location abroad	Term

### ACADEMIC CONFIDENTIAL REFERENCE FORM

APPLICANT'S WAIVER STATEMENT: In accordance with the Family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment, the University recognizes that students enrolled in its Study Abroad Academic Programs have the right to inspect and review all materials in their files. The student may waive his or her right to review this confidential reference form by signing the following statement.

*I understand my right under the provision of PL 93-980.513 to inspect letters of recommendation on my behalf. In order to encourage the referee to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. The waiver will remain in effect until I notify the University, in writing, at which time this document will be removed from my file and returned to the referee, or until this recommendation is destroyed.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

1. Basis and extent of your acquaintance with the applicant:					
2. Academic attributes:					
	Excellent	Good	Fair	Poor	N/A
Competence in major or specialization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Non-academic attributes:					
	Excellent	Good	Fair	Poor	N/A
Level of maturity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new or unstructured circumstances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence and self-esteem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you were a resident director of an overseas academic program how would you feel to have the applicant participate? <input type="checkbox"/> Eager <input type="checkbox"/> Willing <input type="checkbox"/> Reluctant					
5. State frankly, on a separate sheet, your opinion of this applicant's chances for success (both academic and non-academic) in a study abroad program, weighing both strengths and weaknesses.					

Referee's name (print)	Title	Department
Address	Phone number	Institution
Signature	Date	Return this form <b>TO:</b> University of Hawai'i at Mānoa Study Abroad Center 1890 East-West Road Moore Hall 115 Honolulu, HI 96822 phone: (808) 956-5143 / 6958 fax: (808) 956-9319 <b>BY:</b> February 17