STUDENT REQUEST FOR A STUDENT AFFAIRS REFERENCE

Student Instructions: Please print/type your name, as well as the name of the person from whom you will be requesting a reference, in the space provided below. Read and then sign your preferred waiver statement. In the check box below, indicate to which program you are applying. Also print your name on the following page, and then forward this form to your Student Affairs reference.

STUDENT WAIVER

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Student ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference’s Name</td>
<td>Position:</td>
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I, ______________________, HEREBY WAIVE any claim to access to reference forms written on behalf of my application to the off-campus program indicated below.

I, ______________________, DO NOT WAIVE claim to access to reference forms written on behalf of my application to the off-campus program indicated below.

Applicant’s Signature: ___________________________ Date ____________

☐ The student is applying for the RWANDA INTERNATIONAL SEMINAR:
   In addition to class work, students will either volunteer or intern in the local community. The expectation of a gracious maturity is very high for this program. Students must be mature both personally and academically to handle the socio-cultural and academic transition within Rwanda.
INSTRUCTIONS TO THE STUDENT AFFAIRS REFERENCE

________________________________________, student, has requested your reference. The information you provide will be reviewed with other application materials to determine the student’s eligibility for participation in an off-campus program. Since off-campus programs present both personal and academic challenges, we ask that you first review the program description and objectives as outlined on the reverse. Then, in order to assist us in determining the student’s readiness for this step in his/her academic program, please give honest, thoughtful and detailed responses to the questions below. If you prefer to respond on a separate piece of paper, please attach it to this reference form. If you have any comments or concerns that you would prefer to communicate more directly, please call the Global Education Office at 978.867.4399 and request to speak to the Dean or Assistant Director. N.B. Reference materials must be received by the deadline for the student’s application to be considered.

Please return references to: Global Education Office
Gordon College
255 Grapevine Road
Wenham, MA 01984

Deadline: FEBRUARY 3 (for summer participation)

1. How long have you known the student and in what context?

2. Academic habits, strengths, weaknesses: Based on the structure of the program as outlined on the reverse, how well is this student likely to perform academically in this kind of environment?

3. Interpersonal Relationships: Students will live in a new environment, separated from friends and family, faced with the uncertainties of a foreign culture and under the stress of a rigorous academic program. Do you have confidence that this student’s interpersonal skills will allow him/her to successfully work and relate to others in this environment? Are there particular personality traits that might serve the student favorably or unfavorably?

4. Moral maturity: Each program requires a well-developed sense of independence and personal responsibility. Students live under conditions which force them to rely more on their individual moral and ethical value systems and less on institutional regulations and direct personal supervision. What are your thoughts on how this student is likely to respond to this freedom?

5. Features of religious and spiritual life and identity: Can you comment on the quality of this student’s core spiritual commitment and how it expresses itself in life and worship? Do you feel the program will offer an opportunity for growth, or will this present a difficulty for the student?

6. For students applying to the Gordon-IN-Aix program, please comment on the student’s level of French fluency. What are the strengths and weaknesses in language preparation?

7. _Highly Recommend _ Recommend _ Recommend with reservation _ Do not recommend

________________________________________ Date_____________________________
Signature

________________________________________ Position/Institution_________________
Name (please print)