

IWU Study Abroad Reference Form

Deadlines

October 1: for affiliated spring study abroad programs, or one week before the affiliated program deadline if that deadline falls on or before October 1.

March 1: for affiliated summer, fall, and academic year programs, or one week before the affiliated program deadline if that deadline falls on or before March 1.

Note: <u>All application materials—both for IWU and for the affiliated program—are due by the IWU deadline</u>, not the affiliate program deadline (unless the affiliate deadline is earlier than the IWU deadline).

Instructions

For the Student

If you are required to supply a faculty reference for your affiliated program application, you may submit a copy of that same reference to fulfill the IWU application requirement. If you are not required to submit a reference as part of your affiliated program application, please have a faculty member complete the bottom portion of this form.

Complete the top portion of the form then provide it to your academic referee. Your academic referee should be a faculty member with whom you have taken a course and who knows you well enough to provide an assessment of your academic performance. Ask the faculty member to **send this completed form to the International Office, CLA 3rd floor, by the appropriate deadline**. Please allow the faculty member at least two weeks to complete this form.

Student Information (Please print cle	early in ink.)		
Name:			
last	II Div	first	middle
Local Phone:	Home Phone:	IWU Email:	@iwu.edu
Proposed study abroad semester:	☐ Fall ☐ Spring ☐ Summer ☐ Academic Year	Proposed study abroad year:	
Study Abroad Affiliate:		Program name:	
Country:		City:	
Host University (if applicable):			
Waiver and Consent			
☐ YES, I do waive my right ☐ NO, I do not waive my rig			
I understand that once my applica	tion is submitted, the abo	ve choice may not be altered.	
Name (print)	Sign	nature	Date

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For the Referee

The student named above is applying for permission to study abroad. The student's IWU Study Abroad Application will not be complete until we receive this form, and so your prompt response would be much appreciated. Please answer the following questions to the best of your ability. When completed, **please return this form to the International Office, CLA 3rd floor, by the appropriate deadline**.

Referee Information		
Name:last	first	Email:
How well do you know this student? Plea	ase include the course(s) in which you've	e taught her/him.
In your judgment, how do this student's of University students?	academic abilities and achievements co	empare to those of other Illinois Wesleyan
How would you assess this student's soci	al maturity (e.g., reliability, integrity, abilit	y to get along with others)?
Do you know of any special factors that abroad?	make this student a particularly good, or	a particularly poor, candidate for study
Do you have any further comments?		
		Phone Number:
Signature of Referee	Date	

Please complete and return to International Office, CLA 3rd Floor

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