

Applicant's name (print)	Phone number
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.*

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date

1. Basis and extent of your acquaintance with the applicant:					
2. Academic attributes:	Excellent	Good	Fair	Poor	No opportunity to evaluate
Competence in major or specialization .....	_____	_____	_____	_____	_____
Academic interest and motivation.....	_____	_____	_____	_____	_____
Capacity for independent study .....	_____	_____	_____	_____	_____
Resourcefulness .....	_____	_____	_____	_____	_____
Reliability .....	_____	_____	_____	_____	_____
Integrity .....	_____	_____	_____	_____	_____
3. Non-academic attributes:	Excellent	Good	Fair	Poor	No opportunity to evaluate
Level of maturity .....	_____	_____	_____	_____	_____
Ability to adapt to new or unstructured circumstances .....	_____	_____	_____	_____	_____
Self-confidence and self-esteem.....	_____	_____	_____	_____	_____
Ability to relate well to others.....	_____	_____	_____	_____	_____
Emotional stability.....	_____	_____	_____	_____	_____
Open-mindedness .....	_____	_____	_____	_____	_____
Integrity .....	_____	_____	_____	_____	_____
4. If you were a resident director of an overseas academic program, would you be EAGER, WILLING, or RELUCTANT to have the applicant participate?					
5. State frankly, on the reverse side of this 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	<b>RETURN THIS FORM TO:</b> Chaminade University Academic Advising and Retention Clarence T.C. Ching Hall 252 3140 Waialae Ave. Honolulu, HI 96816 Fax (808) 735-4675

**DEADLINES**  
 SPRING ..... **October 5**  
 FALL..... **March 20**

**DEADLINES**  
 SUMMER ..... **February 7**  
 YEAR (Machida, Japan only) ..... **February 20**  
 YEAR (all other programs)..... **March 20**