



Bond University – semester study abroad program

Faculty/Advisor Reference Form

IMPORTANT! This form **cannot** be electronically submitted.

Please print this document, and send to:

Campus Down Under
2020 Fieldstone Pkwy
Suite 900 - 250
Franklin TN 37069

or fax to: 1 (615) 807-3857

INSTRUCTIONS FOR THE STUDENT

This reference should be completed by a faculty member. Employers are not acceptable references. Please answer the first 6 questions on this form and then give it to the faculty person who will provide your reference.

1. Student name: _____
(first) (middle) (last)

2. My Major is: _____

My Minor is _____

I am planning to study mainly _____ in Australia.
(list subject area)

3. Name of faculty person who will be asked to fill out this form:

4. Name of Australian University - **Bond University** - Gold Coast, **Australia**

5. Intended Semester of Study

Year: _____

Semester: September - December

January - April

May - August

6. I, the above named student, hereby waive / retain my right to have access to the information provided in this reference. Signed: _____

Date: _____

INSTRUCTIONS FOR FACULTY

The above student is requesting your assistance in providing a reference for his/her participation in the Semester Study Abroad Program at Bond University, Australia.

Overseas experience is considered an important part of education. While these opportunities have many benefits, the overseas experience can challenge and build upon a student's ability to interact with a variety of situations; one of which is the foreign academic system. The following information will help us select students who will be able and willing to gain the most from the experience. We appreciate your time and consideration. Once you complete the form, you may give it to the above named student to return along with their Study Abroad Application, or you may mail it or fax it directly to Campus Down Under using the details at the top of this page. It can be scanned and emailed to rob@campusdownunder.com



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If you have any questions about this recommendation form please contact us at 615 224 8208.

GENERAL INFORMATION

Name: _____

Title: _____

University/College: _____ Faculty/Department: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: () _____ Fax: () _____

Email Address: _____

1. Please indicate any classes which the student has taken with you

If you have not had this student in a class, how do you know the applicant?

2. In general, how do you feel the applicant will benefit both personally and academically from an international experience?

3. Please rank the applicant in the following categories. Circle the appropriate one

Area	Poor		Average		Good
1. Ability to work independently	1	2	3	4	5
2. Self Confidence	1	2	3	4	5
3. Reliability	1	2	3	4	5
4. Honesty	1	2	3	4	5
5. Maturity	1	2	3	4	5
6. Positive association with others	1	2	3	4	5
7. Degree of focused academic interests	1	2	3	4	5
8. Current academic performance	1	2	3	4	5
9. Flexibility/adaptation to new situations	1	2	3	4	5
10. Potential for academic success	1	2	3	4	5
11. Capacity for innovation	1	2	3	4	5



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4. Please briefly describe the most positive aspects, both personally and academically, of the applicant

5. Please briefly reservations, if any, you may have with regards to this student's participation in an international program

6. Final Comments – please add any further comments.

Signature: _____

Date: _____

Please return this form to the following address, or fax number, as soon as possible. The student's application for the semester abroad program cannot be assessed without this recommendation form.

Thank you for your assistance.

and send to:

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Franklin TN 37069

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Official USA Representative
for Bond University - Australia