

# ACADEMIC REFERENCE FORM



BELFAST SUMMER INSTITUTE IN PEACE BUILDING AND CONFLICT TRANSFORMATION

Belfast Summer Institute  
Center for Global Education  
John Carroll University  
20700 North Park Boulevard  
University Heights, Ohio 44118

## Applicant Information:

Please complete the top section of this form and ask a professor or an academic advisor to complete the reference section or attach a letter of reference. You must submit two letters of reference.

Name: \_\_\_\_\_  
Last First Middle

Current address: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City State Postal Code

Current telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Under Section 438, General Educational Provisions Act (Public Law 90-247), you have the right to review materials submitted to the Center for Global Education in connection with your application. This law also allows you to waive this right, if you so choose, with the understanding that confidential recommendations are not required in the admissions process. Please check one and sign:

I do waive my right of access to this recommendation

I do not waive my right of access to this recommendation

Signature: \_\_\_\_\_

Date \_\_\_\_\_  
Day / Month / Year

## Reference:

The *Belfast Summer Institute in Peace Building and Conflict Transformation* is a rigorous and interdisciplinary program that expects students to learn from traditional and field based academic experiences. Students will be involved in cross-cultural situations and must be able to deal with people of diverse social and cultural backgrounds. Your forthright appraisal is essential to help us determine if the candidate is suited for the Belfast Summer Institute. We would be delighted to receive a personal letter in place of this form.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Email: \_\_\_\_\_ Telephone \_\_\_\_\_  
Area Code

Please return the reference to the following address:

**Belfast Summer Institute**  
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John Carroll University  
20700 North Park Boulevard  
University Heights, Ohio 44118

**Academic Reference Form (continued)**

**Please rate the student on the following characteristics**

	Excellent	Good	Average	Poor	Unsure
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to cope with ambiguity	<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"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following questions to the best of your ability.**

1. How long have you known the candidate? In what capacity?

2. What are this student's intellectual strengths?

3. Additional comments

- Final Recommendation:**
- Highly Recommended
  - Recommended
  - Recommended with Reservations
  - Not Recommended

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

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