



Student Affairs Reference Form

Name of Applicant: _____ School: _____
(please type or print legibly)

Directions for the student applicant: Please provide this form to the Dean of Students or the Student Affairs office on your campus. **This should not be completed by a peer resident assistant.** Please provide them with an envelope addressed to your IBI Campus Advisor, or if there is none on your campus, provide a stamped envelope addressed to the IBI office (see p.2). **Please be certain to sign one of the following statements prior to giving this to the reference person.**

I HEARBY WAIVE ANY CLAIM TO ACCESS FACULTY REFERENCE FORMS WRITTEN ON MY BEHALF FOR IBI:

Signature: _____ **Date:** _____

I DO NOT WISH TO WAIVE CLAIM TO ACCESS FACULTY REFERENCE FORMS WRITTEN ON MY BEHALF FOR IBI:

Signature: _____ **Date:** _____

To: Student Affairs Office

The International Business Institute is a cooperative overseas program during the summer semester that involves more than a dozen affiliated academic institutions in the CCCU. Participation in an overseas program involves a degree of maturity and integrity that also requires each student to bear a high level of responsibility and accountability. We are very grateful for your frank and candid evaluation of our applicants. You should feel free to meet with the applicant if it would be helpful in the evaluation process.

Please respond to the following elements in your comments:

How long have you known the applicant and under what circumstances?

Christian maturity and commitment:

Ability to work within a group and consideration for others:

Campus activity and involvement:

Has the applicant been placed on probation or has disciplinary action been taken due to violation of your campus student life expectations or behavioral code?

Yes _____ No _____

If yes, please explain:

Any other comments or insights that may be of help in the evaluation of the applicant?

_____ Highly recommend _____ Recommend _____ Recommend with reservation _____ Do not recommend

Signature: _____ Full name: _____
(please print)

Position: _____ School: _____

Please return this reference form in the addressed envelope provided by the applicant. THANK YOU!

Dr. Vince LaFrance, Managing Director
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