



## INTERNATIONAL BUSINESS INSTITUTE

### Faculty Reference Form

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

Directions for the student applicant: Please provide this form with your request for a reference to a **faculty member** qualified to comment on your potential for an overseas academic program. 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 Faculty Colleagues:**

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?

Initiative in study and academic work:

Campus activity and involvement:

Intellectual curiosity and interest:

(over)

Flexibility and ability to adapt to living and studying in other cultures:

Ability to work within a group and consideration for others:

Character traits of honesty and integrity:

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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