



Warner Pacific University

Off-Campus Study Faculty/Advisor Reference Form

Please complete and return to the Records Office.

To be completed by Applicant

Applicant's Name

Desired Off Campus Program

Faculty/Advisor's Name

I **waive** any claim to access the Faculty/Advisor reference written on behalf of my applicant to the Off-Campus Study Program.

I **do not waive** any claim to access the Faculty/Advisor Reference written on behalf of my application to the Off Campus Study Program.

Applicant's Signature

Date

To be completed by Faculty/Advisor

The student named above is applying for participation in the Off-Campus Study Program as indicated.

Your recommendation is an important component of the student's application process per the criteria of the WPC Global Travel Committee. Your candid assessments in the following areas are vital and highly valued. Please complete both pages of the form in a timely manner and return to the registrar. Thank you.

1. How long have you known the applicant and in what capacity?

2. The student will experience a new academic environment and culture while participating in the OCS. Do you have concerns about things that may be difficult or stressful for the student during an OCS semester?

3. Please rate the applicant in comparison with his/her peers regarding the following characteristics. Please add any written comments you might have as well. (5 = much higher/more; 3 = average to peers; 1 = much lower/less; 0 = no opportunity to judge characteristic)

Maturity and emotional stability

5 4 3 2 1 0

Comments:

Level of Christian maturity, commitment and understanding

5 4 3 2 1 0

Comments:

Ability to sacrifice personal agenda for the good of the group/class

5 4 3 2 1 0

Comments:

Ability to comprehend new material quickly

5 4 3 2 1 0

Comments:

Eagerness to learn and ability to work independently

5 4 3 2 1 0

Comments:

Demonstrated ability to be flexible

5 4 3 2 1 0

Comments:

Ability to constructively converse about controversial issues, such as politics and religion

5 4 3 2 1 0

Comments:

Ability to engage with peers and develop relationships

5 4 3 2 1 0

Comments:

Please check the box below that best represents your recommendation of the applicant to participate in the OCS program:

Highly Recommend

Recommend

Recommend with Reservation

Not Recommended

Additional Remarks or other issues to be aware of:

Faculty/Advisor Signature

Date

Please return this form to the Records Office
