



GLOBAL SCHOLARS PROGRAM Recommendation Form

Recommendation for _____ (*student name*) who is applying for the following study abroad program:

(*select one*)

- Belgium/Netherlands
 Hessen Exchange - Germany
 Service Learning - Belize
 Costa Rica/Nicaragua
 Arezzo Exchange - Italy
 Global Enrichment - Italy

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

2. According to the following criteria, how would you rate the applicant?

	Excellent	Good	Fair	Poor	Unable to Evaluate
Probable academic success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Trustworthiness	<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"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability in facing new situations	<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"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good ambassador for college/United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Recommendation based primarily on (*select all that apply*):

- Coursework
 Some Personal Contact
 Significant Personal Contact

Return recommendation to: Chinedu Obowu, Gateway Technical College, Admin Center, 3520 30th Ave, Kenosha WI 53144, EMAIL: Obowuc@gtc.edu , FAX: 262-564-2161



4. Please state frankly your opinion of the candidate's chances for success (both academic and non-academic) in this program.

5. Do you have any information or suggestions regarding the candidate that would be helpful for our faculty and staff?

Your Name _____

Date _____

Phone Number _____

Email Address _____

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