



UNIVERSITY OF GEORGIA

College of Agricultural & Environmental Sciences

Reference Form International Agriculture Certificate Program

Return to: Office of Global Programs; 216 Hoke Smith Building; Athens, GA 30602. ogp@uga.edu

This section is to be completed by the student applicant (please print)

Applicant Name			
Email		Local Phone Number	
This reference is: <input type="checkbox"/> Confidential <input type="checkbox"/> Not Confidential			

This section is to be completed by the referee

Name of Referee		Title of Referee	
Email		Phone Number	

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

2. Is there any reason why you would not recommend that the applicant participate in a study abroad or the International Agriculture Certificate Program?

Please indicate your perceptions of the applicant's competence in the following areas:

Area	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation/ Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other remarks may be written or typed on this form or on a separate sheet:

Signature of Referee		Date	
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*** Please notify the student when he/she may pick up reference or forward it to the address above**