

Resident Director Recommendation Form

_____ has applied to spend a semester studying off-campus. We ask you to help
(Student’s Name)
 us make a decision on whether or not _____ has the maturity and potential to
(Student’s Name)
 have a quality experience. Please read the questions listed below and thoughtfully answer them to
 the best of your ability. Thank you so much for providing our office with valuable insight.

Please place a check in the appropriate column.

A. Does the student interact positively with others?

	No Basis To Judge	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Accepts Authority and direction					
2. Can handle new and different situations					
3. Respects rules and values of others					
4. Tactful and patient under stress					
5. Friendly, cheerful, optimistic in manner					
6. Respected by peers					

B. Does the candidate have strong goals and personal qualifications?

	No Basis To Judge	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Self-reliant, secure and balanced					
2. Purposeful and a planner					
3. High motivation for off-campus study					
4. Good study skills and habits					
5. Resourceful and curious					
6. Honest					

Do you have any hesitations or possible concerns about the student’s potential to have a positive off-campus experience? YES NO (If YES, please explain)

Would you recommend this student for an off-campus study experience? (Please circle one)

Strongly recommend Recommend Not recommend Strongly not recommend

Signed _____ Date _____