

Wells College

Aurora, New York 13026

Gender and Development Studies in India Recommendation Form

Tel: (315)364-3487 • Fax: (315)364-3257 • E-Mail: mumbai@wells.edu

To the Applicant: Please give one of these forms to the reference you select and include for his/her convenience a stamped envelope addressed to John Wells, Wells College, Aurora, NY 13026.

Applicant's Name _____ Spring Semester 20 _____

Name of Academic Reference _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it is prepared. Yes No

To the Academic Reference: The above-named student is applying for admission to the Wells College Program. Your evaluation of the applicant's candidacy is essential for her/his acceptance into the program. If you prefer to respond in the form of a letter, please feel free to do so.

- How long and in what capacity have you known the applicant?
- On a scale of 1 (low) to 5 (high), how would you rate the applicant's
 - Ability to take initiative 1 2 3 4 5
 - Ability to work independently 1 2 3 4 5
 - Ability to work in a team 1 2 3 4 5
 - Intellectual curiosity 1 2 3 4 5
 - Motivation to learn 1 2 3 4 5
- How do you expect the applicant to adapt to educational and cultural differences?
- Please write any additional comments you would like to make about the applicant on the back of this sheet.
- If you were responsible for a study abroad program, would you be eager to accept the applicant? Why or why not?
- I strongly recommend the applicant
 I recommend the applicant
 I recommend the applicant with reservations
 I do not recommend the applicant

Name and Title _____ Signature and Date _____

Institution _____ Address _____

**SUBMIT THIS FORM TO JOHN WELLS, DIRECTOR OFF CAMPUS STUDY
WELLS COLLEGE, AURORA, NY 13026**