



FACULTY REFERENCE FORM

Application deadline for: **Fall Semester – March 15**

Spring Semester – October 15

This portion to be filled out by applicant

Name of Applicant _____ Semester applying for _____

Major _____ Name of Reference Person _____

Position _____ Phone number _____

Circle one: I agree **or** I do not agree to waive my right to access this reference

Applicant's Signature _____ Date _____

To Reference Person:

Students in Wheaton in Chicago spend a semester in a Chicago neighborhood living in community with other students from Wheaton and other Christian colleges, taking classes and doing an internship 3 days a week. The program is interdisciplinary and experiential; including ministry and service in low income communities. Meeting the academic demands as well as the demands of living together requires maturity and special personal characteristics and skills from our students. Thank you for your candid appraisal of the applicant.

TO INDICATE YOUR RESPONSE, PLEASE PLACE AN "X" IN THE APPROPRIATE BOX

1. **In what capacity are you acquainted with the student?** (Check one or more)

Classroom _____ Lecture _____ Lab _____ Advising _____

Other (specify) _____

2. **How well do you know the student?**

Barely ___1___ 2___ 3___ 4___ 5 Very well

Comments _____

3. **How would you evaluate the emotional maturity and stability of the student?**

____ Very mature

____ Mature

____ Immature but developing

____ Unable to estimate

Comments _____

4. **How would you evaluate this student's academic competencies.**

Not competent ___1___2___3___4___5 Very competent

Please comment on the student's level of motivation and ability to excel in an internship situation.

5. **How would you assess the student's ability to cope with pressures of living in a group situation?**

Barely ___1___2___3___4___5 Very well

Comments _____

6. **Would you prefer to discuss this over the phone?** _____

RECOMMENDATION: _____ Highly recommend
_____ Recommend
_____ Recommend with reservations
_____ Do not recommend

Comments: _____

SIGNATURE _____ **DATE** _____

Please send this to: Dr. Helene Slessarev Jamir (Confidential)
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