FACULTY RECOMMENDATION
STUDENT TRAVEL SCHOLARSHIP

Name of Student (Print)__________________________________________ SCCID# ________________

Global Education Trip Destination _______________________________ Travel Dates _______________________

The remainder of the form is to be completed by an SCC faculty member.

How long have you known this student? _________ And in what capacity? □ current student □ former student □ know the applicant in a different capacity

Please describe if different capacity: __________________________________________

Using the number scale, please rate the applicant's readiness for a Global Education Class and Travel Trip.

Scale:
1 = Unable to evaluate the applicant
2 = The applicant's readiness is low
3 = The applicant's readiness is acceptable
4 = The applicant's readiness is very good
5 = The applicant's readiness is excellent

Applicant Readiness Criteria

_______ Motivated for a Global Education Class and Travel Trip
_______ Academic Performance
_______ Maturity
_______ Respect for rules
_______ Respect for others
_______ Adaptability
_______ Team player

Based on your knowledge of the applicant, you

□ Recommend this applicant without reservation □ Recommend with reservation(s) □ Do not recommend this applicant

Please describe your assessment of this student's ability to travel in a group abroad:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Faculty (print)______________________________________________

Signature of Faculty____________________________________ Date___________

Return forms to a Global Education Office.


A0185 (12/19)