

STUDENT

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.

Area Office: CEC 4th floor | **Beatrice Office:** Kennedy 404 | **ESQ Office:** 109 | **Lincoln Office:** V-03 | **Milford Office:** Eicher 126