

PRESHCO

Programa de Estudios Hispánicos en Córdoba

REFERENCE FORM

(To be completed by someone other than the instructor
who completes the Language Proficiency Evaluation Form)

Name of Campus Coordinator for PRESHCO: _____

Please return the completed form to the Campus Coordinator for PRESHCO by: _____

Name of student applicant: _____

To the referee: Please return this form to the Campus Coordinator for PRESHCO designated above. The student named above is applying to the PRESHCO study abroad program. Please provide a candid assessment of the applicant's attributes with which you are familiar. Please take the following into account: level of maturity, adaptability, intellectual ability, emotional stability, and seriousness of purpose.

Name of the referee

Signature

Title

Affiliation

Date