



Bond University

Faculty/ Advisor Reference Form

IMPORTANT! This form cannot be electronically submitted. Please print this document, and send to:

College Down Under
1930 Village Center Circle
Suite 3-315
Las Vegas NV 89134

or fax to: (702) 304-9906

INSTRUCTIONS FOR THE STUDENT

This reference should be completed by a faculty member. Employers are not acceptable references. Please answer the first 5 questions on this form and then give it to the faculty person who will provide your reference.

1. Student name: _____
(first) (middle) (last)

2. My Major is: _____

I am planning to study mainly _____ in Australia.
(list subject area)

3. Name of faculty person who will be asked to fill out this form:

4. Name of Australian University

Bond University - Gold Coast, Australia

5. Intended Semester of Study

Year:

Semester:

- ☐ January - April
☐ May - August
☐ September - December

6. I, the above named student, hereby ☐ waive / ☐ retain my right to have access to the information provided in this reference.

INSTRUCTIONS FOR FACULTY

The above student is requesting your assistance in providing a reference for his/her participation in the Study Abroad Program at Bond University, Australia.

Overseas experience is considered an important part of education. While these opportunities have many benefits, the overseas experience can challenge and build upon a student's ability to interact with a variety of situations; one of which is the foreign academic system. The following information will help us select students who will be able and willing to gain the most from the experience. We appreciate your time and consideration.

Once you complete the form, you may give it to the above named student to return along with their Study Abroad Application, or you may mail it or fax it directly to College Down Under using the details at the top of this page.



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If you have any questions about this recommendation form please contact us at (702)951-7401.

GENERAL INFORMATION

Name: _____

Title: _____ Department: _____

College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Facsimile: () _____

Email address (if available): _____

1. Please indicate any classes which the above student has taken from you.

If you have not had this student in class, how do you know the applicant?

2. In general, how do you feel the applicant will benefit both personally and academically from an overseas experience?

3. Please rank the applicant in the following categories. Circle the appropriate one

	Poor		Average		Good
Ability to work independently	1	2	3	4	5
Self-confidence	1	2	3	4	5
Reliability	1	2	3	4	5
Positive association with others	1	2	3	4	5
Degree, of focused academic interests	1	2	3	4	5
Honesty	1	2	3	4	5
Current academic performance	1	2	3	4	5
Flexibility/adaptation to new situations	1	2	3	4	5
Potential for academic success	1	2	3	4	5
Maturity	1	2	3	4	5
Capacity for innovation	1	2	3	4	5



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4. Please briefly describe the most positive aspects, both personally and academically, of the applicant.

5. Please briefly describe reservations, if any, you may have with regards to this student's participation in an overseas program.

6. Final Comments

Signature: _____

Please return this form to the following address or fax number as soon as possible. Student applications are not considered without this recommendation form.

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