evaluation

Completed forms should be emailed to applications@ciee.org or mailed to CIEE, 300 Fore Street, Portland, Maine 04101.

For the Applicant to Complete

Complete the following section and give this form to your evaluator. Your evaluator should be familiar with your college or university academic background and your reasons for studying abroad. Your evaluator should be a professor who knows you well. Your evaluation may be sent separately from other application materials. However, applications will not be reviewed until all materials are complete in your account. Check with your study abroad office to determine whether your study abroad advisor needs to review your evaluation before forwarding it to CIEE.

Applicant's Name
First _____ Middle _____ Last _____

Indicate term(s), year, and program for which you are applying *(Note: for "term," please indicate the U.S. semester you wish to study abroad)*

First Term ☐ Fall ☐ Spring ☐ Summer–session(s) if applicable _____ ☐ Winter

Term starting in ☐ 2018 ☐ 2019

First Program Choice _____ Second Program Choice _____

Second Term ☐ Fall ☐ Spring ☐ Summer–session(s) if applicable _____ ☐ Winter

Term starting in ☐ 2018 ☐ 2019

First Program Choice _____ Second Program Choice _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this evaluation, and I understand that this evaluation will be used only for the purpose for which it was prepared. ☐ Yes ☐ No

Signature _____ Date _____

For the Evaluator to Complete

The individual named above is applying to participate in a CIEE-administered study abroad program. Study abroad is challenging and exciting for most undergraduates, however, it can be demanding. It is therefore important that you give us your candid evaluation on the preparation and suitability of the candidate for this particular program keeping in mind the eligibility requirements and the nature of the academic program. The candidate has been instructed to provide you with this information. If you do not have this information or would like more detailed information, please visit the CIEE website at www.ciee.org/study, contact CIEE at 1.800.40.STUDY, or request a catalog from your study abroad office. Please also evaluate the candidate's personal maturity in light of the planned period of study abroad. Please use an additional sheet if necessary.

1. How long, and in what capacity, have you known the applicant?

_____

_____

_____

2. Based on your knowledge of the program, is the program appropriate for the applicant? How will the applicant benefit from this experience? Please comment on any special academic background which might be relevant.

_____

_____

_____

3. Does the applicant demonstrate a consistently high level of social and personal maturity? Please comment.

_____

_____

4. If you were Resident Director of this program, would you welcome this applicant as a participant, or would you have reservations? Please comment.

5. Please evaluate the applicant's ability in the program language if you are familiar with the applicant's language ability. The following chart is based on guidelines designed by the American Council on the Teaching of Foreign Languages (ACTFL). Please indicate whether you are familiar with the ACTFL guidelines, and whether you are basing your evaluation of the applicant on any one of the ACTFL-related proficiency tests.

Familiar with ACTFL guidelines? ☐ Yes ☐ No
Evaluation based on ACTFL Proficiency Test? ☐ Yes ☐ No
If no, what other method *(i.e., test, classwork, etc.)*:

Level		speaking	reading	listening	writing
novice	low	☐	☐	☐	☐
	mid	☐	☐	☐	☐
	high	☐	☐	☐	☐
intermediate	low	☐	☐	☐	☐
	mid	☐	☐	☐	☐
	high	☐	☐	☐	☐
advanced		☐	☐	☐	☐
advanced plus		☐	☐	☐	☐
superior		☐	☐	☐	☐
no knowledge of applicant's ability in this area		☐	☐	☐	☐

6. Please add any additional information that will assist us.

Please sign below and return this form to the applicant in a signed and sealed envelope.

Signature _____ Date _____

☐ Mr. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Other   First _____ Middle _____ Last _____

Title _____ Department _____

Institution _____

Street Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Office Phone _____ Fax _____

Email _____

ciee