



VILLANOVA
UNIVERSITY

M. Louise Fitzpatrick
College of Nursing

International Experience Faculty Recommendations Scholarship and Selection

Student's Name: _____

Faculty Name: _____

Instructions: The above named student is applying for a International Experience/Scholarship. Your assessment of the student attributes is appreciated. **Please submit completed form on the VU nursing web page, Global Health, faculty recommendation submission link, browse, load form, submit.**

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Poor</u>	<u>Not Observed</u>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Indicate your responses to the following questions below:

1. Please indicate the basis and extent of your acquaintance with the applicant.

2. If you were the faculty of this course, would you be eager, willing, or reluctant to have this student participate, and why?

3. Please state, frankly, your evaluation of this student's ability to succeed academically and socially in multicultural/international courses, weighing both strengths and weaknesses.

Faculty Electronic Signature: _____ Date: _____