

Form 3: Reference

To the Applicant

All Lexia applicants must have two references to support their application for admission. At least one of the references must be from an academic advisor, recent professor or teaching assistant who knows you well. The other may be from a teacher, employer or volunteer supervisor. You are responsible for ensuring that your recommenders return these forms to you or directly to Lexia on your behalf before the application deadline.

Student's Name	Program Site
Program Term	Year
Current Institution	
Current Mailing Address	Cell Phone ()
City	State Zip
Phone ()	E-mail Address

Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to review materials submitted to Lexia in connection with your application. The law also allows you to waive this right if you so choose with the understanding that confidential recommendations are not required in the admissions process. Please check one of the following and sign:

☐ I do not waive my right of access to this recommendation.

☐ I waive my right of access to this recommendation.

(If you waive the right of access to your recommendation, please give each Recommender a stamped envelope addressed to Lexia International, 23 South Main Street, Hanover, NH 03755 to ensure confidentiality.)

Signature	Date
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To the Recommender

The candidate's application cannot be reviewed until we receive this form. Thank you for returning it promptly to the address on the back of this form.

In comparison with other students you have known, please rate the applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to cope with ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with a group of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lexia Form 3: Reference

In what capacity and for how long have you known the applicant?

What are the applicant's intellectual strengths and weaknesses?

In your opinion, does this applicant have a clear motivation for studying abroad, and does he/she have the ability and maturity to achieve his/her goals in studying abroad?

On a separate sheet of paper, please add any other comments which would help the Admissions Committee reach its decision.

Name _____ E-mail _____

Title _____ Phone () _____

Institution and Department _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Return To:

Admissions Committee
Lexia International
23 South Main Street
Hanover, NH 03755

Tel: 603-643-9898
800-775-3942
Fax: 603-643-9899
E-mail: info@lexiaintl.org

Form 4: Reference

To the Applicant

All Lexia applicants must have two references to support their application for admission. At least one of the references must be from an academic advisor, recent professor or teaching assistant who knows you well. The other may be from a teacher, employer or volunteer supervisor. You are responsible for ensuring that your recommenders return these forms to you or directly to Lexia on your behalf before the application deadline.

Student's Name	Program Site
Program Term	Year
Current Institution	
Current Mailing Address	Cell Phone ()
City	State Zip
Telephone ()	E-mail

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☐ I waive my right of access to this recommendation.

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Signature	Date
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To the Recommender

The candidate's application cannot be reviewed until we receive this form. Thank you for returning it promptly to the address on the back of this form.

In comparison with other students you have known, please rate the applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to cope with ambiguity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with a group of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lexia Form 4: Reference

In what capacity and for how long have you known the applicant?

What are the applicant's intellectual strengths and weaknesses?

In your opinion, does this applicant have a clear motivation for studying abroad, and does he/she have the ability and maturity to achieve his/her goals in studying abroad?

On a separate sheet of paper, please add any other comments which would help the Admissions Committee reach its decision.

Name _____ E-mail _____

Title _____ Phone () _____

Institution and Department _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

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