

ADULT REFERENCE

Sojourns Abroad
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To the Applicant

Complete the next section of this page and give the form to a teacher, administrator, advisor, employer—or another adult who knows you well. The admission decision can be made only after Sojourns Abroad has received this completed reference.

Applicant's Name _____

Under the terms of the Family Education Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you enroll UNLESS at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
 2. You waive your right to access below.
- Yes, I do waive my right to access and understand I will never see this recommendation.
- No, I do not waive my right to access and may some day choose to review this recommendation.

Signature _____ Date _____

To the Referring Adult

Sojourns Abroad is a unique cultural immersion program with two centers—Siena, Italy and Paris, France—for those 18 and older. It is ordinarily either a 12-week Fall or Spring experience or a 5-week Summer session. It includes living with a local family, language classes, day-long and overnight trips, outdoor excursions, social service internships, and varied supplementary activities. Any healthy, reasonably active person is an appropriate applicant. Participants will be part of a small group with an on-site coordinator. Mutual enjoyment and the success of the venture will depend upon each participant's affability, resiliency, and good nature.

We will appreciate your candid comments about the suitability of this prospective participant. Use this form or attach your signed statement. Please complete and return this form as soon as possible online, or by mail or fax to Sojourns Abroad, address above.

Name _____ Signature _____

Tel. Office _____ Home _____ Cell _____

E-Mail _____ Fax _____

Nature of Relationship to the Applicant _____

Occupation _____ Title _____

Address _____

City/State/Zip _____ Country _____