



ACADEMIC ADVISOR'S CONFIDENTIAL EVALUATION: FORM 3

Student's Name (please print) _____ Date _____
MM/DD/YYYY

Institution of Study _____

Academic Program _____ Graduation Date _____ Estimated Completion _____
MM/DD/YYYY

Advisor's Name (please print) _____

Staff Position _____ Date _____
MM/DD/YYYY

We are reviewing the scholarship recipient's program to determine eligibility for the annual grant award during the next academic school year. Please address the following questions using this form. Your cooperation is greatly appreciated.

1. Is the student progressing according to the minimum time expectation/requirements of the academic program? If not, please consult us immediately. Yes No

2. Summary: Please provide a brief summary of your assessment of the student's ability to achieve the stated educational objectives. Please share any positive or negative factors affecting the student's work of which you have knowledge.

3. Additional comments.

MAILING INFORMATION

If the student is at an ELCA seminary, please return your response to the International Student Coordinator (by email or paper copy).

If the student is NOT at an ELCA seminary please return this completed form (by email or paper copy) directly to the Director for International Leadership Development.

Director for International Leadership Development
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