



## STUDENT SCHOLARSHIP EVALUATION — END OF PROGRAM: FORM 1A

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Institution of Study \_\_\_\_\_

Degree/Program \_\_\_\_\_ Concentration \_\_\_\_\_

Graduation Date \_\_\_\_\_  
MM/DD/YYYY

1. Provide a list of course work, including thesis/dissertation if applicable, that you have completed in the past year.

2. Did you receive adequate assistance from instructors to help you with courses or prepare for your thesis/dissertation?

Yes  No

If no, please explain.

3. What was your thesis/dissertation topic, if applicable? Please state the subject and give a brief description.

4. Have you recently been in touch with your home church/institution regarding your assignment upon returning home?

Yes  No

5. Has your home church/institution kept in touch with you?  Yes  No

6. Is your assignment back home assured?

Yes  No  Not Certain

If no or not certain, please explain.

7. Was the International Leadership Development staff or educational institution staff helpful in your accomplishing your program?     Yes     No

If no, please explain.

8. Additional comments.

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**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**  
Evangelical Lutheran Church in America  
Global Mission  
8765 West Higgins Road  
Chicago, IL 60631 USA  
Phone: 1-773-380-2639    Fax: 1-773-380-2410  
www.ELCA.org    Email: GlobalScholars@elca.org



## WAIVER FORM

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Please initial appropriate option below. We recommend that you initial option one. Doing so enables us to carry out our evaluation process more effectively.

You may or may not reserve the right to read both your Academic Advisor's Confidential Evaluation or the Institutional Official's Confidential Evaluation. If you sign number one, those who complete the evaluation reports know anything they write will not be shared with you. If you sign number two, those who complete the reports assume that you may want to read what they have written.

Please sign one of the lines below. Either return this page to your International Student Advisor (for ELCA seminaries) or submit it directly by hitting the submit button below to send it to the ELCA International Leadership Development office.

**Option One** \_\_\_\_\_ I waive all rights as provided for in United States of America Family Educational Rights and Privacy Act of 1974 with regard to the reading of the:  
+ Academic Advisor's Confidential Evaluation  
+ Institutional Official's Confidential Evaluation

**Option Two** \_\_\_\_\_ I do NOT waive rights of access.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
MM/DD/YYYY

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### MAILING INFORMATION

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