STUDENT SCHOLARSHIP EVALUATION: FORM 1

Name (please print)_____ **Date** _____
MM/DD/YYYY

Institution of Study_____

Degree/Program _____ **Concentration** _____

1. **Provide a list of course work, including thesis/dissertation if applicable, you are presently taking or research you are doing to satisfy degree requirements.**

2. **Indicate what you will be doing in the upcoming academic year. (courses, research, thesis/dissertation)**

3. **Are you receiving adequate assistance from instructors to help you with courses or to prepare for your thesis/dissertation?**

   ☐ **Yes** ☐ **No**

   If no, please explain.

4. **If you are a doctoral candidate in the process of writing your dissertation or a masters candidate in the process of writing a thesis, please state your thesis subject and give a brief description of its form and content. How much have you completed so far?**

5. **How have you been keeping in touch with your home church/institution? How often?**

6. **How has your home church/institution been keeping in touch with you? How often?**

7. **Is your assignment back home assured?**

☐ **Yes** ☐ **No** ☐ **Not Certain**

If no or not certain, please explain.

8. **Is there anything the International Leadership Development staff or educational institution staff could do to better assist you in your program?**

9. **The projected completion date of my program is** _____ .
MM/DD/YYYY

10. **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
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

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

SUBMIT

MAILING INFORMATION

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