

DUE: March 15th for Fall / September 15th for Winter

STUDENT INFORMATION

Student Name	ID #
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FACULTY INFORMATION

Faculty Name	Title
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Please provide a recommendation for the above named student's suitability for student exchange or off campus study. Include details regarding the courses in which you have worked with the student as well as evaluate their maturity, initiative, imagination, class contribution and commitment to the program. (provide below / back / attachment)

RANKING

In the context of your teaching experience please rank the student by circling one of the following that best describes the student:

Top 2% Top 5% Top 10% Top 25% Top 50%

In submitting this recommendation form I understand and agree that, should the above named student be awarded a scholarship, information contained in this recommendation may be provided to the scholarship donor. I understand that this recommendation will be used for external purposes in supporting the student application for student exchange.

Faculty Signature

Date

Please return this recommendation directly to the Office of Student Experience by the appropriate deadline.