

DIVISION OF INTERNATIONAL EDUCATION

Faculty Reference Form for International Student Exchange Programs

TO BE COMPLETED BY THE STUDENT:

Student Name:		(Please Print)	
Address:		UNO ID:	
City:		E-mail:	
State:	Zip:	Phone Number:	
International Exchange P	rogram (host institution & country):	Semester/Year applying for:/	
TO BE COMPLETED	BY THE REFERER: (full or part-time	e college or university faculty member, <u>NOT a T.A. or graduate student</u>)	
of applying for one of the provide a recommendation	e International Student Exchange Progra on or assessment of his/her suitability as live and study in a foreign setting for on	but we will also accept recommendation letters and emails. This student is in the process rams offered by the Division of International Education. The student has asked you as a participant in an academic study abroad program. The student must be sufficient ne or two semesters. Your response will be instrumental in our efforts to select students.	
1. How long have you kn	own this student and in what capacity?		
2. What is your knowleds	ge of this student's intellectual curiosity,	emotional maturity and ability to adapt?	
3. Is there any reason you	u would <u>not</u> recommend this student for a	an exchange program overseas?	
Overall Recommendation:		Additional Comments:	
☐ This student receive reservation	s my highest recommendation without		
☐ I recommend this st	udent with confidence		
☐ I recommend this st	udent		
☐ I would NOT recom	nmend this student for an award		
CONTACT INFORMA	TION		
Name:	Pho	none:E-mail:	
Title:	Ins	stitution:	

Do not return this form to the student.

Please return this form to the following address:

Division of International Education International Student Exchange Programs 2000 Lakeshore Dr., International Center 124 New Orleans, LA 70148

Note: If you work on campus and would like to have us send someone to pick this up, please call ext. 3-6388.