

The student for whom you are filling out this form is applying to go away on exchange. We greatly appreciate your assistance in completing this process. For more information about Capilano University's exchange programs please contact studyabroad@capilanou.ca or visit capilanou.ca/studyabroad.

This form is to be returned by the faculty member, not the student, to: studyabroad@capilanou.ca. Thank you.

1. Student Information

Last Name: _____ First Name: _____ Student ID Number: _____

2. Faculty Information

Instructor Name: _____ Department: _____

Office Phone: _____ Email address: _____

3. How long and in what capacity have you known this student?
4. Please indicate your assessment of the students' competence in the following areas in comparison with other students whom you have known at similar stages in their studies:

Quality	Poor	Below Average	Average	Above Average	Outstanding	N/A
Self-Motivated						
Articulate						
Perceptive						
Adaptable						
Responsible						
Self-reliant						
Interpersonal Skills						
Culturally Curious						
Worldview						
Class Participation						

5. I recommend this student		
Rating	In terms of academic ability	In terms of character
Strongly		
Fairly		
With minor reservations		
I cannot recommend		

6. Please feel free to make additional comments that may contribute to an evaluation of this applicant

**Instructor
Signature:**

Date:

Thank you for providing this reference. Your comments are very helpful in determining the outcome of this exchange application. If you have any questions, please email studyabroad@capilanou.ca