Faculty Reference Form for International Student Exchange Programs

TO BE COMPLETED BY THE STUDENT:

Student Name: ____________________________ (Please Print)
Address: _________________________________ UNO ID: ____________________________
City: __________________ State: ______________ Zip: __________________ Phone Number: __________________

International Exchange Program (host institution & country): ____________________________ Semester/Year applying for: _______ /_____

TO BE COMPLETED BY THE REFEREE: (full or part-time college or university faculty member, NOT a T.A. or graduate student)

This form can be used in place of a formal recommendation letter, but we will also accept recommendation letters and emails. This student is in the process of applying for one of the International Student Exchange Programs offered by the Division of International Education. The student has asked you to provide a recommendation or assessment of his/her suitability as a participant in an academic study abroad program. The student must be sufficiently motivated and mature to live and study in a foreign setting for one or two semesters. Your response will be instrumental in our efforts to select students appropriate for international exchanges.

1. How long have you known this student and in what capacity?
________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

2. What is your knowledge of this student’s intellectual curiosity, emotional maturity and ability to adapt?
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

3. Is there any reason you would not recommend this student for an exchange program overseas?
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Overall Recommendation:
☐ This student receives my highest recommendation without reservation
☐ I recommend this student with confidence
☐ I recommend this student
☐ I would NOT recommend this student for an award

Additional Comments:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

CONTACT INFORMATION

Name: ____________________________ Phone: ____________________________ E-mail: ____________________________
Title: ____________________________ Institution: ____________________________

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., ED 128
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.