DIVISION OF INTERNATIONAL EDUCATION
UNO Student Government Association Award Reference Form

TO BE COMPLETED BY THE STUDENT:

Student Name: ____________________________ (Please Print)  UNO ID: ________________________________
Address:____________________________________  E-mail: ________________________________
City: ______________________________________  Phone Number: ____________________
State: ___________  Zip: ___________  Semester/Year applying for: __________ / _______

Study Abroad Program (university/country/city of exchange): ________________________________________________

TO BE COMPLETED BY THEREFERER: (college or university faculty member, employer or professional contact only)

While this form may be used in place of a formal recommendation letter, we also accept recommendation letters and emails. This student is in the process of applying for a UNO Student Government Assoc. Award administered by the Division of International Education to help finance his/her study abroad program. The student has asked you to provide a recommendation or assessment of his/her academic and extracurricular dedication and abilities. Your response will be instrumental in our efforts to select students for the awards offered. Feel free to write on the back of this page, or attach an additional page if necessary.

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, ability to adapt and academic skills?

3. What is your knowledge of this student’s participation in UNO non-academic activities, such as students’ groups, cultural activities, etc.?

4. Is there any reason you would not recommend this student for an Ambassador Award?
DIVISION OF INTERNATIONAL EDUCATION

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:
University of New Orleans
Division of International Education
2000 Lakeshore Dr., IC 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.