

STUDY ABROAD PROGRAM APPLICATION

FACULTY REFERENCE FORM

The student for whom you are filling out this form is applying for a KPU Study Abroad program. This may include Exchange semesters, virtual internships, summer schools, and others. We greatly appreciate your assistance in completing this process. For more information about KPU's global learning opportunities, please contact internationalprograms@kpu.ca or visit <http://www.kpu.ca/studyabroad>.

***This form MUST be emailed to internationalprograms@kpu.ca directly from the Faculty member. If the form is received from a student, it will not be accepted.**

Student Information						
Last Name:	First Name:	Student Number:				
Faculty Information						
Instructor Name:			Department:			
Office Phone:	Voicemail:	Email:				
1. In what capacity have you known this student?						
2. Has this student ever missed a deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. Please indicate your assessment of the student's competence in the following areas in comparison with other students whom you have known at similar stages in their studies:						
	Poor	Below Average	Average	Above Average	Outstanding	n/a
Self-motivated						
Articulate						
Perceptive						
Adaptable						
Responsible						
Self-reliant						
Intellectually Curious						
Interpersonal Skills						
Class Participation						

Please see next page



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4. I recommend this student	
In terms of academic ability:	In terms of character:
<input type="checkbox"/> Strongly	<input type="checkbox"/> Strongly
<input type="checkbox"/> Fairly	<input type="checkbox"/> Fairly
<input type="checkbox"/> With minor reservation	<input type="checkbox"/> With minor reservation
<input type="checkbox"/> I cannot recommend	<input type="checkbox"/> I cannot recommend

Please feel free to make additional comments in the space below or attach a separate page.

Instructor Signature:

Date:

dd | mm | yyyy