

## FACULTY RECOMMENDATION FOR EXCHANGE STUDY

### 1.0 Student

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SURNAME FIRST NAME

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### 2.0 Faculty

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SURNAME FIRST NAME

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The above-named student has requested that you recommend him/her for Exchange. Please return the completed form to the Office of Student and Academic Services by:

**Fall Exchange    February 15                      Winter Exchange    October 1**

### 3.0 Student ranking

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Please rank the above-named student using the following criteria with 1 being the lowest rank and 5 the highest:

Maturity:	(low)	1	2	3	4	5	(high)
Initiative:	(low)	1	2	3	4	5	(high)
Imagination:	(low)	1	2	3	4	5	(high)
Class contribution:	(low)	1	2	3	4	5	(high)
Commitment:	(low)	1	2	3	4	5	(high)

Please include additional comments you wish to make about the applicant (i.e. other indicators of achievement, effort and promise):

Do you feel that you are in a good position to evaluate this candidate? Please explain:

In the context of your teaching experience, please rank the above-named applicant by circling one of the following:

Top 2%                      Top 10%                      Top 25%                      Top 50%                      Below Average

### 4.0 Faculty Declaration

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In submitting this recommendation form I understand and agree that, should the above-named student be awarded a scholarship, some information contained in this recommendation may be provided to the scholarship donor.

SIGNATURE

DATE

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