

Please print clearly if written

Student Name:	Student No:
Course(s) taken from this instructor:	
Deadline for Academic Instructor to submit this form:	

Information Concerning Applicant

[illegible]

Academic Reference Form (Continued)

Please comment on this student's readiness to participate in an International Exchange experience.

I recommend this student for participation in the International Exchange Program.

☐ Yes

☐ No

Instructor Name:	Instructor Signature:
Position or Title:	Date of Signature:
Office Phone Number:	E-mail Address:
Department:	Institution if not UVic:

Please either return the completed form to the student, or email the completed form directly to the ICS office: goglobal@uvic.ca.

Note: If you cannot add an electronic signature, your email submission to our office will be sufficient instead.

Deadline: Feb 1st, for First Term or Full Academic Year Exchange
Aug 1st for Second Term Exchange

If you have any questions about this form, please email goglobal@uvic.ca.

For more information about this program, please see www.uvic.ca/exchange.