

ICS Exchange Program

The ICS Exchange Program is available to UVic students to apply to complete 1-2 term(s) of study at a partner institution abroad. Your recommendation is an important component for their consideration to participate in the program. For more information about this program, please see www.uvic.ca/exchange. If you have any questions about this form, please email goglobal@uvic.ca

Student: Please complete the boxes below before giving this form to an academic instructor.

Student Name:	Student No:
Course(s) taken from this instructor:	

Deadline for student to submit this form: ☐ **August 1st** ☐ **February 1st**

Referee: Please return the completed form to the student to upload with their exchange application.

Instructor Name:	Position/Title:
	Department:

I recommend this student for participation in the International Exchange Program. ☐ **Yes** ☐ **No**

Comments

Please consider the following areas:

- | | |
|--|-----------------------------|
| • Ability to meet deadlines | • Motivation/drive |
| • Problem solving skills | • Performance in coursework |
| • Communication style | • Organization/preparedness |
| • Respect for different opinions/ideas | • Adaptability |

Additionally, if applicable, please comment on possible challenges or barriers to success the student may face.

Instructor Signature: _____
(To add Adobe signature, please download form)

Office Phone Number: _____

Date of Signature: _____

Email Address: _____