

National Student Exchange Reference Form

Office of International Programs and Initiatives
218 Eielson Building • PO Box 757760 Fairbanks, AK 99775-7760 USA
1-907-474-7192 (voice) • 1-907-474-5979 (fax) • UAF-StudyAway@alaska.edu • www.uaf.edu/oip/



To the student:

As part of your application to the National Student Exchange program, you are required to submit at least two academic or professional references. You may not be related to the reference. At least one of the references must be from a UAF faculty member from whom you have taken a class in your degree program (even if s/he is no longer a faculty member at UAF). Please complete this section before providing your reference with this form.

Full Name: UA ID:

I am applying to (university name):

in (city, state): for a semester year program beginning in (Fall/Spring, year):

In compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), you may have access to this evaluation unless access is waived. By signing below, you waive your right to access this evaluation. A signature is not required.

Signature: _____ Date:

To the reference:

The student named above is applying for a National Student Exchange (NSE) program with the UAF Office of International Programs & Initiatives (IPI), and has selected you to evaluate his or her qualifications. The NSE program provides students with the opportunity to attend another member university within the United States (including the US territories) and Canada. Because exchange involves many challenges, **we would appreciate your frank and honest appraisal of the student** so that we may make an informed decision on the student's application. No applicant is selected or rejected on the basis of one reference; supporting statements and documentation are obtained from many sources. This form is reviewed by staff and faculty members responsible for administering the program to which the student is applying. Please complete both pages of this form; a letter may be substituted, but we request that the letter address the information on this form. This reference should be returned by mail, fax, or scan/email to:

NSE Coordinator • Office of International Programs & Initiatives • University of Alaska Fairbanks
218 Eielson Building • PO Box 757760 Fairbanks, AK 99775-7760 USA • 907-474-5979 (fax) • UAF-StudyAway@alaska.edu

Name: Title/Position:

Department/Organization:

Email Address: Phone Number:

Your relationship to the student (please check all that apply):

I have taught the student in the following UAF class(es):

Other (please specify):

I am the student's academic/faculty advisor at UAF.

I am the student's supervisor/employer.

How long have you known the student?

How well would you say you know the student?

- Extensive contact
- Well-acquainted
- Limited contact

How well do you think the student would adapt to an academic setting outside of UAF?

Please rank the student in the following categories:	Unknown	Poor	Fair	Average	Good	Excellent		Unknown	Poor	Fair	Average	Good	Excellent
Academic work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Participation/teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance/reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness with deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emotional maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction with faculty/superiors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Social maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any further information that you feel is relevant to the student's participation in an exchange program:

Recommendation:

- I recommend the student without reservation.
- I recommend the student, but with reservation (please describe above).
- I do not recommend the student.

Signature: _____ Date: