

ACADEMIC REFERENCE FORM

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 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 s	tudent to upload with their exchange application.
Instructor Name:	Position/Title: Department:
I recommend this student for participation in the Inter	national 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 possib	le challenges or barriers to success the student may face.
Instructor Signature:	Office Phone Number:
moductor organization.	
Date of Signature:	Email Address: