

# TRU Academic Reference - 1 Bilateral Student Exchange Program

Study Abroad Centre  
www.truworld.ca/studyabroad.htm

## To be Completed by the Applicant:

Student Name

Student No.

Reference requested from

Reference must be from a university-level instructor or program advisor.

## To be Completed by the Individual Providing the Reference:

The applicant named above is applying for study abroad through the TRU Bilateral Student Exchange Program. Since participants serve as representatives of their nation and institution, TRU is concerned with the applicant's academic and personal suitability for study abroad. The willingness of host institutions to accept future participants will be affected by this applicant's performance.

### A. Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Outstanding	Inadequate opportunity to observe
Knowledge in area of specialization					
Motivation and seriousness of purpose					
Ability to plan and carry out research/independent study					
Ability to express thoughts in speech and writing					
Emotional stability and maturity					
Self-reliance and independence					

### B. Please submit a reference letter to answer the following questions. Please submit on your department's letterhead. Include your name, title, department, email address, and signature. Attach reference letter to this form and return to the student applicant.

1. How long and in what capacity have you known the applicant?
2. Please comment specifically on the applicant in terms of the following:
  - a) academic suitability to study at an institution abroad
  - b) personal suitability for living abroad
  - c) how participation in the Study Abroad program will be of benefit, both academically and personally
  - d) weaknesses
  - e) linguistic preparation, if applicable
  - f) any other factors that you believe may affect a successful experience on the Study Abroad Program

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Office Address: \_\_\_\_\_