

Algoma University International Affairs Letter of Reference - Personal Short Term Mobility Program

Please be aware that this particular student has applied to participate in a short-term mobility program at Algoma University. Please evaluate the student to your best ability in the following areas. Once completed, please enclose this form in a signed and sealed envelope and return it to the Algoma University International Office or deliver signed via email to goabroad@algomau.ca.

| Name of Student: Degree Program: | | | | | | |
|---|-----------|------|---------|------|------|---------|
| Year Level: | | | | | | |
| (Circle the appropriate number) | Excellent | Good | Average | Fair | Poor | Unknown |
| (A) Reliable/Responsible | 5 | 4 | 3 | 2 | 1 | ? |
| (B) Ability to Learn | 5 | | 3 | 2 | 1 | ? |
| (C) Capacity for Change | 5 | 4 | 3 | 2 | 1 | ? |
| (D) Ability to communicate effectively | 5 | 4 | 3 | 2 | 1 | ? |
| (E) Sensitivity to other cultures, current Social problems & issues | 5 | 4 | 3 | 2 | 1 | ? |
| (F) Capability to be an ambassador | 5 | 4 | 3 | 2 | 1 | ? |
| for Algoma University and Canada. | | | | | | |
| on this students application. | | | | | | |
| | | | | | | |
| Name of Referree: | Title: | | | | | |
| Capacity the applicant is known to you: | | | | | | |
| Duration of Relationship: | Phone: | | | | | |
| Signature: | Date: | | | | | |