Applicant: please complete this section.

Applicant's Name ____________________________

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I, ____________________________, waive my right to access this evaluation.

Signature ____________________________ Date ________________

To the Academic Advisor:

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In making decisions on the appropriateness of a student's participation in the exchange, we need to know about their motivation, adaptability, academic skills, and those personal qualities that will give students the ability to benefit fully from the exchange experience. While we will appreciate any observations that will assist us in evaluating the present applicant, of special interest are qualities such as competence, independence, assertiveness, resourcefulness, quality of performance, confidence, social skills, open-mindedness, and integrity.

Please indicate the basis and extent of your acquaintance with the applicant. Placing your remarks in a comparative perspective will further assist the NSE office in reaching a decision about the applicant.

In summation, please state frankly your opinion of this applicant's chances for academic and non-academic success in an exchange program, weighing both strong and weak points.

Occasionally, an academic advisor has not had enough contact with a student to do an adequate personal evaluation. However, in that situation we would like a statement regarding your willingness to work with the student to determine where courses taken at the host campus will fit into the student's home academic program. We would also like to know the appropriateness of exchange at this time in the student's program of study. We are particularly concerned that the student’s academic progress will not be hindered by participating in NSE. Those statements can be entered in section 4 on the reverse side of this form.
1. How well do you know the applicant? (Check the most appropriate response.)

☐ Extensive contact in a variety of settings
☐ Well acquainted in classroom or campus environment
☐ Limited contact in classroom or campus environment
☐ Other ________________________________

2. In comparison with other students whom you have known at comparable stages of their education, please rate the applicant in these areas. (Circle the most appropriate response.)

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3. Exchange to another campus would be appropriate for the applicant: ___ Yes ___ No

4. Remarks
Based on your knowledge of the applicant, please comment on his/her chances for success and what would be gained from an exchange experience. Feel free to attach a letter to this form if you need additional space or prefer that type of format.

Name (print) ___________________________________________ Title ________________________________
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Return this form to:
Dean of Student Life Office
North Dakota State University
Memorial Union 250
Dept. 5300, Box 6050
Fargo, ND 58108-6050
ndsu.nse@ndsu.edu
Reference – Faculty/Staff

Submission deadline: Fri. Feb. 10, 2017 at 5:00 PM

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Applicant's Name ________________________________

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To the Faculty or Staff Member:

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