

**Lakehead University International**  
**Letter of Reference – Personal**

Please be aware that this particular student has applied to participate in Lakehead University's International Exchange Program. Students will either spend one academic term, or one full academic year at a Partner Institution pursuing studies that will apply to their Lakehead University Degree. 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 Lakehead University International Office.

Name of Student: \_\_\_\_\_

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	4	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 for Lakehead University and Canada.	5	4	3	2	1	?

Please include any other factors or particular concerns, which you believe, may have a bearing on this student's application.

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Name of Referee: \_\_\_\_\_

Title: \_\_\_\_\_

Capacity the applicant is known to you: \_\_\_\_\_

Telephone: \_\_\_\_\_

Duration of Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please enclose this form in a signed and sealed envelope and return it to the applicant