

# DOUGLAS COLLEGE

## International Programs Academic Reference Form

The student for whom you are filling out this form is applying to take part in a Douglas College International Program. We greatly appreciate your assistance in completing this application process. For more information about our international programs, please contact [global@douglascollege.ca](mailto:global@douglascollege.ca) or visit [www.douglascollege.ca/global](http://www.douglascollege.ca/global).

There are three ways to submit this form:

- 1) by the student, in an envelope sealed and signed by you, or
- 2) by you, a clear scanned version to [global@douglascollege.ca](mailto:global@douglascollege.ca), or
- 3) by you, in person or via intercampus mail to the Douglas College International – Global Engagement team  
New Westminster Campus, Room S2800 (Mon-Fri), or Coquitlam Campus, Room A1301A (Tue-Thu).

<b>1. Student Information</b>						
Full Name:				Student Number:		
<b>2. Faculty Information</b>						
Instructor Name:			Department:			
Office Phone #:		Email Address:				
<b>3. In what capacity have you known this student?</b>						
<b>4. Has this student ever missed a deadline?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>5. Please indicate your assessment of the student's competence in the following areas in comparison with other students whom you have known at similar stages in their studies:</b>						
Quality	Rating					
	Poor	Below Average	Average	Above Average	Outstanding	Not Applicable
Adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectually Curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6. I recommend this student	
In terms of academic ability: <input type="checkbox"/> Strongly <input type="checkbox"/> Fairly <input type="checkbox"/> With minor reservation <input type="checkbox"/> I cannot recommend	In terms of character: <input type="checkbox"/> Strongly <input type="checkbox"/> Fairly <input type="checkbox"/> With minor reservation <input type="checkbox"/> I cannot recommend

Please feel free to make additional comments in the space below or attach a separate page.

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

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

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