CONFIDENTIAL REFERENCE FORM

STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Please complete the top portion of this form and give it to the faculty member who has agreed to write a reference for you. If you will be providing more than one reference, please make photocopies of this blank form.

Student number: ____________________________________________________________

Family name: ______________________________________________________________

Given names: __________________________________________________________________

I authorise (name of referee) ________________________________________ to complete this form.

I hereby waive my right to access this recommendation, and understand that the information provided will only be used for the purpose for which it was prepared.

Student’s signature: ______________________________________ Date: ________________

CONFIDENTIAL REFERENCE (TO BE COMPLETED BY THE FACULTY MEMBER)

Thank you for completing this reference. The above named student has applied to participate in the Curtin Student Exchange Program. Your comments will be very helpful in determining how the student might be best placed in the program.

Please note that this program is competitive: your prompt response will greatly aid the student’s acceptance. If you have any questions about the program, please contact the Student Exchange Office on 9266 4059.

How long, and in what capacity, have you known this student?

____________________________________________________________________________

____________________________________________________________________________

What is your assessment of this student’s ability, academic motivation and past performance?

Ability _____________________________________________________________

____________________________________________________________________________

Motivation ______________________________________________________________

____________________________________________________________________________

Performance _____________________________________________________________

____________________________________________________________________________
Please comment on this student’s maturity, stability and potential for successfully adjusting to life and study in a foreign country and culture:

Maturity

______________________________________________________________________________

______________________________________________________________________________

Stability

______________________________________________________________________________

______________________________________________________________________________

Potential

______________________________________________________________________________

______________________________________________________________________________

Please add any observations that might contribute to the evaluation of this student’s application:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

CONTACT DETAILS

Name: ________________________________

Position: ________________________________

Department: ________________________________

Address: ________________________________

Signature: ________________________________ Date: ________________

PLEASE RETURN THIS FORM TO:
Student Exchange Officer
International Office
Curtin University
GPO Box S1512
Perth 6845 WA

FOR FURTHER INFORMATION:
Student Exchange Office
Tel: +61 8 9266 4059
Fax: +61 8 9266 2605
Email: studyabroad@curtin.edu.au

The information provided on this form will be retained by the University and handled in accordance with the University’s policy on the management and disclosure of personal details and information.