## Learning Abroad Reference Form

## PART 1 To be completed by the STUDENT

| $\overline{\text { Student Last Name }}$ |  |  |  |
| :--- | :--- | :--- | :--- |
| Instructor Last Name |  |  |  |
| Course(s) taken with this instructor |  |  |  |

## PART 2 To be completed by the INSTRUCTOR

## Note to instructor:

Your response to this form will be one of the main components for consideration by the College in selecting participation in a learning abroad activity. This form will be kept confidential. For unsuccessful candidates, this form will be destroyed after the selection process. For successful candidates, this form will be destroyed after the experience has been completed. Please return hard copy or electronic copy this form to Tracey Brenton, International Projects Officer (studyabroad@cotr.bc.ca).

Please rank the student in the following areas


COLLEGE OF THE ROCKIES

Please describe any attributes that may help or hinder this student's participation in this international experience

