

INTERNATIONAL OFFICE

Academic Reference

TO THE STUDENT: Please complete the top portion of this form, including the waiver, and give the form to the faculty member who has agreed to provide your reference.

Name of Student

Home College or University

Dates of proposed study at Lancaster

I hereby authorize the completion of this form. I waive my right to this information and understand that it will be used only for the purpose for which it was prepared.

..... Yes No

TO THE ACADEMIC ADVISOR/LECTURER/TUTOR: The above-named student is applying to spend all or part of a year at Lancaster University (see above dates). We would appreciate your frank assessment of the candidate's academic ability and achievements and personal qualities such as maturity, resilience and motivation as they might relate to his/her aptitude for a period of study abroad. (Please use reverse if necessary).

For how long, and in what capacity, have you known the applicant?

Name Signature

Title

College or University e-mail

Telephone ..(.....)..... Date

**Please return this form by air mail directly to: The International Office, University House
Lancaster University
Lancaster LA1 4YW, England
Telephone: 011 44 1524 592035**