

# Reference Form



Please print the following Form, complete the top sections and give it to the teacher / professor or academic counselor who is well acquainted with you.

1. Please indicate bellow, whether or not you waive your right to see your recommendations for admission

Applicant Name	_____	Surname	_____
Social Security No.	_____	Passport No.	_____
Mailing Address	_____		
City/State/Zip Code	_____		
Country	_____	Phone	_____

I waive my right of access to this Form \_\_\_\_\_ I do not waive \_\_\_\_\_

2. To the Reference: The student above has applied to participate in an International Academic Exchange Program offered by the Universidad Del Pacifico (UP) in Ecuador. In these programs, students are immersed in coursework and research, and will be asked to fulfill requirements to receive academic credit. Your comments will be used to evaluate the student for admission and provide information for the faculty on student's abilities.

- 2.1 How long have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2.2 What strengths do you think the applicant will bring to this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2.3 Would you recommend the applicant for this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2.4 Additional commentaries

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this Form, return it to the applicant in a sealed envelope signed across the back.

Name (printed)	_____	Title (printed)	_____
Department	_____	Institution	_____
Phone	_____	Address	_____
Signature	_____	Date	_____