

CHINA CENTER
EXCHANGE & ACADEMIC YEAR PROGRAMS
2016-2017

FACULTY REFERENCE FORM

Please note that the student may request to see a copy of this reference.

Applicant Name _____

Faculty Name _____

Relationship to Applicant _____

Please answer the following questions:

A. How does the applicant's academic/professional ability (knowledge in field, motivation and seriousness of purpose, ability to plan and carry out research, ability to express thoughts in speech and writing, etc.) compare with others at similar stages in their careers?

B. How will the applicant's personal characteristics (emotional stability and maturity, self-reliance and independence, etc.) enable him/her to successfully complete an academic year in China?

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FACULTY REFERENCE FORM (continued)

C. Please supply additional information that you believe will assist us in our evaluation of this applicant.

Faculty Signature*

Date

**If you choose to submit this form via email, you do not need to sign. Please be sure to send from your umn.edu account, which is considered an official form of communication at the U of M.*

PLEASE RETURN THIS REFERENCE TO THE CHINA CENTER AT:

China Center
160 University International Center
331 - 17th Avenue Southeast
Minneapolis, MN 55414
email: chinactr@umn.edu