Applicant: please complete this section.

Applicant Name: __________________________________________

In compliance with the 1974 Family Education Rights and Privacy Act, the applicant may have access to this evaluation unless access is waived by completing the following statement:

I, _____________________________, waive my right to access this evaluation.

Signature _____________________________________ Date _________________

Faculty, Staff or Advisor: Please complete this section.

National Student Exchange (NSE) provides students opportunities to attend another member university within the U.S., Canada, Guam, Puerto Rico and the U.S. Virgin Islands for a single term or a full academic year. Students participate in NSE to take advantage of the unique geographic, cultural, and academic characteristics of institutions and/or regions.

In making decisions on the appropriateness of a student’s participation in an exchange, we must vet their motivation, adaptability, academic skills, and personal qualities to best understand if they would benefit from an exchange experience. While observations that may assist in evaluating the applicant are appreciated, of special interest are their personal qualities-- integrity, social skills, competence, quality of performance, independence, assertiveness, resourcefulness, confidence and open-mindedness.

On the basis and extent of your acquaintance with the applicant, share remarks in a comparative perspective to further assist NSE in reaching a decision about the applicant. Please state your opinion of the applicant’s chance for academic and non-academic success in an exchange program, weighing both strengths and weaknesses.

Occasionally, you may not have had enough contact with a student to complete an adequate personal evaluation. In that situation, we would like a statement regarding your willingness to work with the student to determine what courses taken at the host campus will fit into the student’s academic program at UM. We would also like to know the appropriateness of exchange at this time in the student’s program of study and are particularly concerned that the student’s academic progress will not be hindered by participation.

1. How well do you know the applicant? (Check the most appropriate response.)
   - Extensive contact in a variety of settings
   - Well acquainted in classroom or campus environment
   - Limited contact in classroom or campus environment
   - Other ________________________________________________________________________
2. Exchange to another campus would be appropriate for the applicant: ___ Yes ___ No

3. In comparison with other students whom you have known at comparable stages of their education, please rate the applicant in these areas. (Circle the most appropriate response.)

<table>
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<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<tr>
<td>Academic Ability</td>
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<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Maturity</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>X</td>
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<tr>
<td>Cooperation and Adaptability</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>X</td>
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<tr>
<td>Initiative and Motivation</td>
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<td>3</td>
<td>2</td>
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<td>X</td>
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<td>Self-confidence</td>
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<td>2</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

4. Based on your knowledge of the applicant, please comment on his/her chances for success and what you believe he/she would gain from an exchange experience.

______________________________  ______________________________
Name (print)                     Title

______________________________  ______________________________
Phone          E-mail

______________________________  ______________________________
Signature       Date

Return this form to:
University of Montana
Dr. Cheryl Minnick, NSE Coordinator
Davidson Honors College, Garden Level 010
Missoula, Montana 59812
Direct: (406) 243-4614; or Office: (406) 243-2815