



INTER-CAMPUS MOBILITY ACADEMIC REFERENCE FORM

APPLICANT

Last Name	First Name	Middle Name	ID Number

is applying for inter-campus mobility programme which will allow the student to study from another USP's campus for a semester.

How long and in what capacity have you known the applicant? _____

Please indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Excellent [v/x]	Good [v/x]	Average [v/x]	Poor [v/x]	Inadequate ability to judge [v/x]
Academic / intellectual potential					
Motivation & seriousness of purpose					
Maturity					
Ability to adapt new circumstances					
Relationship with peers					
Communication & interpersonal skills					
Academic writing skills					

Please comment why would you recommend this student for inter-campus mobility placement. You may use additional pages if you wish.

Referee's Name: _____

Referee's Signature: _____

Position: _____

The referee is requested to please return this form directly to USP International [address below] no later than the Exchange Deadline.

Completed Exchange Reference Form should be either mailed on: USP ICM, USP International Office, Laucala Campus, USP, Private Mail Bag, Suva, Fiji. **Dropped off** at: CELT Building, 1st Floor **OR** Email: international@usp.ac.fj