



Student Mobility/Exchange Program
OCAD U Teaching Faculty
Recommendation Form

Application Deadline:
Fall - February 1st Winter - August 1st

A. Student Information

Form with fields: Last Name, First Name, OCAD U Student Number, Current Major/Program, Current Year Level

B. To be completed by Faculty

The student named above is applying to participate in our Mobility/Exchange program. We would appreciate your comments in regard to the suitability of this student to participate in an exchange and represent OCAD U at one of our exchange partners.

Form with fields: Last Name, First Name, Title/Department, E-mail address

How long have you known the student and in what capacity?
[Blank lines for text entry]

Please indicate below whether or not you recommend this student for participation in the Exchange Program:

- I recommend this student without reservation.
I recommend this student with the following reservations(s):

[Blank lines for reservations text]

Signature Date

This form should be sent directly to:

OCAD University
International Student Services
230 Richmond St W, 5th FL
E-mail (PDF format): international@ocadu.ca