



INTERNATIONAL EDUCATION WEEK

Recommendation Form

NAME OF ETC STUDENT: _____

COUNTRY PRESENTED ON: _____

YOUR NAME: _____

TITLE and/or RELATIONSHIP TO STUDENT: _____

CONTACT INFO (email and phone number): _____

1. What impact did the student's presentation have on the audience?

2. Was the presentation substantial, well-organized, and well-presented?

3. Please rate the student's presentation from 1-5 (1=poor, 5=excellent) _____

Please provide any additional comments.

Please Return Form To: Brenda Gray-Ferland – Field Director

Phone: 480-380-5795

Fax: 480-380-5796

Email: bferland@edutrav.org

Thanks in advance for your support of International Education Week. For more information, contact Brenda at bferland@edutrav.org or 480-380-5795