



# ISEP Coordinator Reference

International Student Exchange Programs

Name: \_\_\_\_\_ Home Institution: \_\_\_\_\_

## To Be Completed by the Home ISEP Coordinator

The above named student has been (please check one):

- Unconditionally selected by this institution for participation in an ISEP program.
- Selected by this institution for participation in an ISEP program, if the following condition(s) are met:

Please provide a few comments regarding the appropriateness of this candidate for placement.

I have reviewed the complete application (including Course Request Lists) and discussed it with the applicant. I support this nomination. I am satisfied that the applicant has received approval for participation in an ISEP program from all required faculty members and administrative officials, and that all relevant information required for ISEP placement has been fully supplied.

\_\_\_\_\_  
ISEP Coordinator's signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Email (type or print)

\_\_\_\_\_  
Date (type or print)

ISEP Coordinator: Please submit the complete application (plus one additional copy) by mail to:  
ISEP, 1655 N. Fort Myer Drive, Suite 400, Arlington VA 22209 USA