



## Interview Report

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Name \_\_\_\_\_ ID# \_\_\_\_\_  
Local Telephone \_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_  
Major \_\_\_\_\_ Class Standing \_\_\_\_ Fr \_\_\_\_ So \_\_\_\_ Jr \_\_\_\_ Sr \_\_\_\_ Other \_\_\_\_\_  
Appointment with:  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

For NSE Office Use Only:

File: Date sent \_\_\_\_\_  
\_\_\_\_ Application \_\_\_\_ Audit Sheet \_\_\_\_ Program of Study Statement \_\_\_\_ Recommendations

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What personality, character, or behavioral traits did you discern about the student that would contribute to or detract from an exchange experience?

What new information was learned as a result of the interview that did not appear in the application forms?

Topics discussed: (Feel free to discuss other topics you feel are necessary.)

- |   |   |
|---|---|
| <input type="checkbox"/> Goals for exchange         | <input type="checkbox"/> Financial status             |
| <input type="checkbox"/> Reasons for campus choices | <input type="checkbox"/> Exchange housing             |
| <input type="checkbox"/> Knowledge of host campuses | <input type="checkbox"/> Flexibility and adaptability |
| <input type="checkbox"/> Course needs and interests | <input type="checkbox"/> Independence                 |
| <input type="checkbox"/> Academic standing          | <input type="checkbox"/> Tolerance                    |
| <input type="checkbox"/> Advisor's opinion          | <input type="checkbox"/> Previous travel              |
| <input type="checkbox"/> Academic objectives        | <input type="checkbox"/> Self-discipline              |
| <input type="checkbox"/> Career objectives          | <input type="checkbox"/> Attitudes towards others     |
| <input type="checkbox"/> Parents' opinion           | <input type="checkbox"/> Attitude toward home campus  |

\_\_\_\_ Other: \_\_\_\_\_

What is your evaluation of the student's chances for success?

Do you recommend that we attempt to place the student for the period of time and exchange sites listed on the application?  Yes  No If no, what do you recommend?

Please feel free to make any other comments or suggestions.

Name (print)

Position or Title

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Phone

E-mail Address

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Signature

Date

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**RETURN THIS FORM AND THE STUDENT FILE TO: Cherie Sawinski, Old Main 337**