

INTERNATIONAL BUDDY PROGRAMME RECOGNITION FORM



TRIMESTER/YEAR OF PARTICIPATION:

CONTACT INFORMATION

FULL NAME:

YOUR BUDDY'S NAME:

STUDENT ID:

EMAIL ADDRESS:

I WOULD LIKE MY COMMITMENT TO IBP RECOGNISED FOR THE:

- ☐ Kitea Impact Programme ☐ Wellington Global Exchange Grant

Please attach any photos with your buddy that you would like to share with us.

HAVE YOU DONE THE FOLLOWING?	BRIEF BREAKDOWN OF ACTIVITIES	HOURS
Emails/activities and socialising with my buddy independent of the programme	e.g., went to a café with my buddy	
Attend IBP events or other supported social events	e.g., attended IBP Welcome Event	
Support IBP (e.g., providing feedback, volunteering to help promote IBP)	e.g., put up posters at Te Aro campus	
Other (please specify)	e.g., attended Training Session B	
Total hours		
IBP coordinator signature:		
IBP coordinator comments:		

Please hand in this form for verification by the IBP coordinator at Wellington University International (Level 4, Hunter Building) or preferably email it to: international-buddy@vuw.ac.nz