

Faculty Recommendation for Internship Applicant

The **student** should fill out the top portion of this form before seeking faculty recommendation.

Name _____ Date _____

Semester & Year of Proposed Internship _____

Describe the internship you are considering _____

Track _____

Minor _____

To the Faculty member: Please evaluate the prospective intern by responding to each of the items listed below. Return directly to the Internship Director.
The form will remain confidential.

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent 6 = NA

1. The student's academic performance in the specific area in which she/he is seeking an internship: 1 2 3 4 5 6
2. The student's written communication skills: 1 2 3 4 5 6
3. The student's oral communication skills: 1 2 3 4 5 6
4. The student's motivation: 1 2 3 4 5 6
5. The student's ability to assume responsibility: 1 2 3 4 5 6
6. The student's overall potential is: 1 2 3 4 5 6
7. Do you recommend the student for the internship she/he has discussed with you? (circle one) Yes No Reservations
8. If you have reservations, please describe:

Date _____ Faculty Member's Name (please print) _____

Faculty Member's Signature _____