

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 _____

Relevant Professional

Experience: _____

How does this internship relate to your career aspirations? _____

Describe how you found this internship and your connection, if any, with the organization or its employees:

PART II: (information on the organization)

Name of Organization: _____

Address: _____

Name of On-Site Internship Supervisor: _____

Title: _____ Department: _____

Phone number: _____ e-mail address: _____

PART III: (information on the internship)

Student Job Title _____

Date internship is to begin: ___/___/___ End: ___/___/___

#hours per week: _____ Total Hours for internship: _____ (45 hours per credit)

Work Schedule:

| | | | | |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| _____ | _____ | _____ | _____ | _____ |

Units of Academic Credit to be Earned (1-8) _____

Is this internship salaried? _____ At what pay rate? _____

Are any expenses of the intern to be paid by the company? _____

Explain: _____

Overall Nature of Work to be Performed by Student:

Describe in detail the assignments of the internship. Indicate % of time spent on each activity (to total 100%). This description will serve as the basis for final grading and assigning credit, so be as specific as possible. (attach additional sheet if necessary)

___%

___%

___%

___%

___%

All four signatures are required for approval.

Intern _____ Date

On-Site Internship Supervisor _____ Date

CMAT Internship Director _____ Date

CMAT Department Chair _____ Date

Internship is () approved () not approved

Special Note:

Since this agreement reflects a contract between the student, Salisbury University, CMAT and an external organization, the student is advised not to “drop” or “withdraw” from an internship experience without in-person discussion with the CMAT Internship Director in advance of such action.