

Faculty Recommendation Form for Internship Applicant

PART I. To be completed by the intern.

Waiver:

I (Name) _____

Waive my right ____ Do not waive my right ____ to inspect or review this recommendation for an

Internship. Student ID #: _____

Phone#: _____ E-mail address: _____

Local Address: _____

Permanent Address: _____

Organization at which you are seeking an internship: _____

Semester/Year during which you plan to take the internship: _____

PART II. To be completed by the faculty recommender.

To the Faculty member: Please evaluate the prospective intern by rating each item listed below.

	1 Poor	2 Fair	3 Good	4 Excellent	N/A
Quality of academic work.					
Written communication skills.					
Oral communication skills.					
Maturity.					
Ability to work well with others.					
Responsibility.					
Motivation to complete an internship.					
Overall assessment of this student.					

Would you recommend this student for an internship? (select one) Yes No

If you have reservations, please describe:

Date: _____

Recommender's Name: _____

Faculty Recommender's Signature: _____

Completed form should be sent via email to: cdchappell@salisbury.edu