

Instructions to electronically fill out the **January 2021 Signature Internship Faculty Recommendation Form:**

Note: You will have to download the file and open it through Adobe's Acrobat Reader DC or Adobe Pro version(s) for this electronic form to work.

1. Fill out all the necessary information.
2. To attach an additional file (Letter) to the form, press the **Attach File Here** button:

FACULTY RECOMMENDATION FORM: Short Term 2020
For Signature Internship Awards Program

If a student is applying for two different internships, please complete a separate recommendation form for each. Student must fill out top part of this form before giving to faculty to complete.

Name of student _____ Class year _____
Name of internship for which they are applying _____


This student is applying for a Signature Internship for January 2020. Your candid appraisal of the student is an important part of the application process. Please rate the applicant in comparison with others whom you have known at similar stages in their academic careers. The completed form should be sent to the Career Center by **Wednesday, October 9, 2019** in order to complete the student's application.

How long and in what capacity have you known this student? _____

Please rate the student's competency in:

	Poor				Exceptional							
Following directions	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Paying attention to details	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Organizational, time and project management skills	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Demonstrating critical thinking/problem solving	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Showing competency with and/or capacity to adopt new technologies	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Approaching work creatively, showed initiative and/or leadership	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Professional conduct, ethical behavior and diligent work habits	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Communicating effectively in writing	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Articulating ideas effectively in oral communication	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Working/collaborating effectively with others	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Openness and respect for diversity/cultural differences	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA

If you would like to tell us anything else we should know about this student with regard to participation in the Signature Internship program, including particular strengths and weaknesses or other factors you believe may affect this applicant's internship experience, please attach a letter to this form.

Attach File Here 

If you were an internship supervisor, would you hire this student? Yes No

Printed name of evaluator _____
Title/Department _____
Signature of evaluator _____ Date _____

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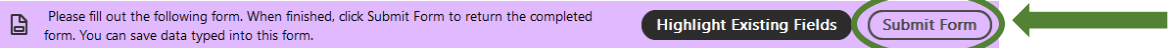
A pop-up message will appear asking you to attach the file. After selecting the necessary file from your system, press okay. (Note: In order to check if your required file has been attached or not, you can press the **Paperclip icon** on the left tab - your selected file name will appear if it has been successfully attached to the form.)



You can also save the filled in electronic recommendation form for future reference by clicking on the **Disk icon** on the top left corner and then changing the file name to the respective student's name before saving it.




3. After you have completed the Faculty Recommendation Form, press the **'Submit Form'** button present at the top right corner.



Another pop-up message will appear asking you to fill in your email address and full name. Once complete, the form along with any attached file(s) will be sent directly to the Career Center inbox (careercenter@hollins.edu).

Send Form ×




To: careercenter@hollins.edu
Subject: Submitting Completed Form
Attachment: SEND-THIS-ONE-Signature_Internships_2020-Fillable-F...

From:
Email Address:

Full Name:

Remember me

 To save your email address and name in Adobe Acrobat's Identity preferences, check Remember me. Do not check this box if you are using a public computer.