

FACULTY RECOMMENDATION FORM: *Short Term 2021*

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 2021. 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 14, 2020** 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	
	1	2	3	4	5	NA	
Following directions	1	2	3	4	5	NA	
Paying attention to details	1	2	3	4	5	NA	
Organizational, time and project management skills	1	2	3	4	5	NA	
Demonstrating critical thinking/problem solving	1	2	3	4	5	NA	
Showing competency with and/or capacity to adopt new technologies	1	2	3	4	5	NA	
Approaching work creatively; showed initiative and/or leadership	1	2	3	4	5	NA	
Professional conduct, ethical behavior and diligent work habits	1	2	3	4	5	NA	
Communicating effectively in writing	1	2	3	4	5	NA	
Articulating ideas effectively in oral communication	1	2	3	4	5	NA	
Working/collaborating effectively with others	1	2	3	4	5	NA	
Openness and respect for diversity/cultural differences	1	2	3	4	5	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.

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

Printed name of evaluator _____

Title/Department _____

Signature of evaluator _____ Date _____