

Intern Recommendation Form

Name of the student applying for an internship:

Name of the Faculty/Staff Member providing this recommendation:

Title of the Faculty/Staff Member providing this recommendation:

1.) Briefly describe your relationship with this student:

2.) How long have you known this student?

Please fill out the form below and provide an example of how they exemplify these qualities.

Quality	Excellent	Very Good	Good	Fair	Poor	At least one example of this quality:
<i>Quality of Work</i>	E	VG	G	F	P	
<i>Timeliness w/ assignments</i>	E	VG	G	F	P	
<i>Student Initiative & Resourcefulness</i>	E	VG	G	F	P	
<i>Attitude Towards Work</i>	E	VG	G	F	P	
<i>Ability to build positive relationships with others</i>	E	VG	G	F	P	
<i>Dependability</i>	E	VG	G	F	P	
<i>Overall Rating</i>	E	VG	G	F	P	

Signature

Date