

INTERNSHIP RECOMMENDATION FORM

Students: Please complete the top section of this form and submit it to your recommender. You should also provide your recommender with the description for this internship and a copy of your resume. Please allow the recommender sufficient time to complete this form thoughtfully (ideally two weeks).

Name of Applicant: _____ Application Deadline: _____

Internship Sponsor (company or organization):

Recommender: Please complete this form and return it to the student in a sealed envelope PRIOR to the application deadline.

	Recommend without hesitation	Recommend with qualification	Do not recommend
Reliability			
Seriousness of Purpose			
Writing Ability			
Ability to work with others			
Sufficient preparation for this internship			
Overall recommendation			

For any item above where you did not “recommend without hesitation,” please explain:

Please add comments to help the sponsor to evaluate the candidate:

Signature: _____ Date: _____

Name (please print): _____

Position: _____ Phone Number: _____