

Faculty Recommendation
for
Professional Practice
(Internships)

Name: _____

Semester of anticipated internship: *Fall* *Spring* *Summer*

Type of placement sought:

The undersigned retains the right to review the contents of this recommendation:

Signature: _____ . Date: _____ .

* ** *** **** *** ** *

Attention Faculty Member: Please evaluate the applicant by responding to each of the items listed. The evaluation can be returned to either the student or to:

Alan Lessoff
Department of History
Campus Box 4420

Thank you.

0 = no basis for judgment 1 = poor 2= fair 3 = good 4 = very good 5 = excellent

1. Overall academic performance:	0	1	2	3	4	5
2. Academic performance in the specific area in which he or she is seeking a placement:	0	1	2	3	4	5
3. Written communication skills:	0	1	2	3	4	5
4. Oral communication skills:	0	1	2	3	4	5
5. Research skills:	0	1	2	3	4	5
6. Ability to assume responsibility:	0	1	2	3	4	5
7. Ability to work with others:	0	1	2	3	4	5
8. Overall potential as a Professional Practice student:	0	1	2	3	4	5

Do you recommend the student for the type of placement he or she seeks?

Yes

No

Immediately below, please state how you are acquainted with the student and please provide any additional comments you may wish to make.

Signature: _____ . Date: _____