***History Internships***

***Faculty Recommendation Form***

**Name:**

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

**Type of placement sought:**

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

Signature: Date:

***To the recommender****:* Please provide a brief evaluation of the applicant. You may either use the other side of this form and return it to me or simply send me an email:

Alan Lessoff

Department of History

Campus Box 4420

ahlesso@ilstu.edu

Do you recommend the student for the type of internship sought?

YES NO

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

Signature: Date: