Faculty Recommendation
for
Professional Practice
(Internships)

Name: _____________________________________________________.

What semester do you anticipate undertaking the internship?  
Fall
Spring
Summer

What type of placement are you seeking?

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:

Clifton H. Jones
Department of History
Box 4420.

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

1. The student’s overall academic performance
2. The student’s academic performance in the specific area in which he or she is seeking a placement is:
3. The student’s written communication skills are:
4. The student’s oral communication skills are:
5. The student’s research skills are:
6. The student’s ability to assume responsibility is:
7. The student’s ability to work with others is:
8. The student’s overall potential as a Professional Practice student is:

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:  ___________.

Chjones: 11/17/05