

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 0 1 2 3 4 5
2. The student's academic performance in the specific area in which he or she is seeking a placement is: 0 1 2 3 4 5
3. The student's written communication skills are: 0 1 2 3 4 5
4. The student's oral communication skills are: 0 1 2 3 4 5
5. The student's research skills are: 0 1 2 3 4 5
6. The student's ability to assume responsibility is: 0 1 2 3 4 5
7. The student's ability to work with others is: 0 1 2 3 4 5
8. The student's overall potential as a Professional Practice student is: 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: _____ .