

**COLLEGE INTERNSHIP PROGRAM
RECOMMENDATION FORM**

TO BE COMPLETED BY THE APPLICANT

FULL NAME (last, first middle)

COLLEGE/UNIVERSITY

GRADUATION DATE _____

MAJOR _____

Thank you for taking the time to complete this recommendation for an applicant to the Department of Health College Internship Program. This program is designed to provide undergraduate and graduate students the opportunity to learn more about the Department of Health. Through experience directly related to their academic field, students will work under the supervision of professional staff members in one of the department's administrations. Your evaluation and letter of recommendation will be important in the selection process.

How long have you known the applicant, and in what capacity?

Please rate the applicant in the following areas:

	Below Average	Average	Good	Very Good	Excellent
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written evaluations of the applicant's academic and work experience, participation in extracurricular activities, motivation and potential from benefitting from a Department of Health internship are particularly useful to the review committee in making decisions.

NAME _____

TITLE _____

ORGANIZATION _____

EMAIL _____

SIGNATURE _____

DATE _____