Faculty Recommendation Form

<table>
<thead>
<tr>
<th>Student:</th>
<th>Class Year:</th>
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<tbody>
<tr>
<td>Internship Organization:</td>
<td></td>
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<tr>
<td>Faculty Recommender:</td>
<td>Department:</td>
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</tbody>
</table>

**Applicant:** Give this recommendation form to a Carleton College faculty member who knows you well. Make certain you discuss your internship plans with the recommender and provide them with your application materials and any further information requested. Give your recommender ample time to complete this form. *Faculty members should be given at least two weeks prior to the application deadline to complete the form, so please plan accordingly.*

**Please read carefully and sign before giving to your recommender:** I hereby waive my rights to inspect and review this recommendation form, with the understanding that the document will be used only for purposes of evaluating my qualifications for my proposed internship, and will not be available to any other institution or private party.

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**Student Signature:** ____________________________ **Date:** ____________________________

**Faculty Recommender:** The applicant noted above is applying for funding through the Career Center to support a summer internship experience. This confidential form is a component of this student’s internship funding application and will not become part of this student’s permanent record. After completing this form, please return it directly to the Career Center either in person or via campus mail. Upon receipt, you will receive a confirmation email.

1. **In what capacity do you know the applicant? (select all that apply)**
   - [ ] Faculty/Instructor: I taught student in one (or more) courses
   - [ ] Adviser: I serve(d) as student’s liberal arts and/or major adviser
   - [ ] Mentor: I provide(d) student with academic and/or professional advice in an unofficial capacity
   - [ ] Other

2. **Have you met with the student to discuss their summer internship plans and internship learning goals?**
   - [ ] YES
   - [ ] NO

3. **Based on your knowledge of the applicant, does s/he possess the ability and level of inquiry to succeed in the proposed internship?**
   - [ ] YES
   - [ ] NO

4. **Overall Assessment**
   - [ ] Highly recommend
   - [ ] Recommend
   - [ ] Recommend with reservations
   - [ ] Do not recommend

5. **(optional) Please share any other information about the applicant that we should take into consideration on the reverse of this form.**

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**Faculty Signature:** ____________________________ **Date:** ____________________________

Feel free to contact Rachel Leatham at the Career Center (x4293) should you have any questions. Thank you!