Faculty Recommendation Form

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<th>Student</th>
<th>Class Year</th>
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<tbody>
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<td>Internship Organization</td>
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<tr>
<td>Faculty Recommender</td>
<td>Department</td>
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For the Faculty Recommender

The above student is applying for funding to support a summer internship experience through the Career Center. This confidential form is a component of this student’s internship funding application and will not become part of this student’s permanent record. Once complete, you may deliver it to the Career Center in person or by mail or upload a scanned copy to the Career Center at https://apps.carleton.edu/career/students/internships/Fund/facultyrec/. Upon receipt, the Career Center (Rachel) will send you a confirmation email, with a carbon copy to the student.

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 and discussed the applicant’s summer internship plans and learning goals?
   - YES
   - NO

3. Based on your knowledge of the applicant, do they possess the ability to succeed in the proposed internship?
   - YES
   - NO

4. Overall assessment for funding
   - [ ] Highly recommend
   - [ ] Recommend with reservations
   - [ ] Do not recommend
   - [ ] Let’s talk

For the Student/Intern

Provide this recommendation form to a Carleton College faculty member who knows you well.
- Please discuss your internship plans with the recommender and be prepared to provide them with your application materials or other information that may help them to complete this form.
- Give your recommender ample time to complete it. We suggest that faculty members should be given at least two weeks before the funding application deadline to complete and return the form to the Career Center.
- The 2018 funding application deadlines are February 7 (early) and April 4.

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.

Student Signature: ____________________________ Date: ________________

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

revised 10/25/17