

Internship Recommendation Form

Student & Class Year	
Internship Location	Berlin
Recommender	
Department/Office	

For the Student/Intern

Applicant: Provide this recommendation form to a supervisor or other member of the Carleton College Community (faculty or staff) who knows you well, especially for your qualities of responsibility and diligence. Please discuss your internship plans with the recommender and provide him/her with your application materials and any future information requested. Give your recommender ample time to complete this form.

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: _____

For the Recommender

The applicant noted above may be 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 Anna Hagen of the Center for Global and Regional Studies via campus mail.

1. In what capacity do you know the applicant? (select all that apply)

- ☐ Employer/supervisor: I have overseen a student in a workplace
- ☐ 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
- ☐ Faculty/Instructor: I taught student in one (or more) courses
- ☐ Other _____

2. Have you met with and discussed the applicant's summer internship plans and internship goals?

- ☐ Yes
- ☐ No

3. Based on your knowledge of the applicant, do they possess the ability and level of inquiry to succeed in the proposed internship?

- ☐ Highly recommend ☐ Recommend with reservations ☐ Do not recommend ☐ Let's talk

Faculty/Staff Signature: _____ Date: _____

Please return this form to Anna Hagen, Center for Global and Regional Studies. Thank you!