Internship Recommendation Form

For the Student/Intern

Applicant: Provide this recommendation form to a Carleton supervisor* or other member of the Carleton College Community (faculty or staff) to fill out by the application deadline. It would be helpful to provide this individual with a copy or draft of your statement.

*A supervisor should be an employer if you have held a job on campus; it could also be your advisor. Ideally would not simply be a professor; this is not an academic recommendation.

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: ___________________________

Student & Class Year

Internship Location Paris (Post-OCS Program Internship)

Recommender Name

Department/Office

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, Center for Global and Regional Studies via email or 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
4. Please use the space below to write a short statement regarding the applicant, if you wish.

Faculty Signature: ___________________________________________________ Date: __________________

Please return this form through campus mail or email to Anna Hagen, annahagen@carleton.edu or Leighton 424.