

University Circle Inc

THE FUTURE CONNECTIONS INTERNSHIP PROGRAM

NAME _____

RECOMMENDATION FORM

The above named student applicant is seeking admission to the 2010 Future Connections Internship Program. We would appreciate your evaluation of his/her potential for succeeding in the study of health care, education, arts and culture and/or business. This form is provided for your convenience; if you would prefer, however, please feel free to use a letter or some other format for your appraisal. An early reply would be helpful since this information is essential to our applicant.

Please send your evaluation directly to University Circle Inc, Future Connections Program, 10831 Magnolia Drive, Cleveland Ohio 44106.

1. In what capacity and for how long have you known the applicant?

2. How well do you feel you know the applicant?

_____ Very Well

_____ Fairly Well

_____ Only Slightly

3. Which statement best describes your opinion of the applicant?

I recommend him/her enthusiastically _____

I recommend him/her _____

I recommend him/her with reservation _____

I do not recommend him/her _____

4. On the following page, please comment on personal characteristics of the applicant that may influence his/her success or failure in the summer internship. The Future Connections Advisory Committee would be especially interested in your evaluation of the applicant's motivation, ability to cope with stress, ability to interact effectively with others, and general integrity. Any specific examples you can cite will make your comments more meaningful to the Committee. If you have personal knowledge of extracurricular accomplishments or special talents of the applicant that might not be adequately reflected elsewhere in the application, your description of these would also be helpful. Please note if the applicant has any personal characteristics that would either facilitate or hinder adaptation to an experiential learning environment.

SEE NEXT PAGE

Comments:

Typed Name

Signature

Date

Title

School/Organization/Institution

Telephone

Address, City, State, Zip Code

Students please sign and date the following statement to authorize your teacher or counselor recommendation and evaluation.

I hereby authorize my reference and his/her school/organization/institution to provide University Circle Inc with the evaluation information that may be required in support of my application.

SIGNATURE/DATE

PRINTED NAME

RECOMMENDER'S PRINTED NAME