RECOMMENDATION FOR WRITING INTERNSHIP

To: Recommender

This student is applying for a writing internship. Your student’s internship depends upon your prompt response. Please give this form your immediate attention and return it to the Undergraduate Advisory Office, CLAS 209, Unit 4025.

STUDENT: _____________________________ STUDENT ID: ____________ DATE: _______

WRITING ABILITY: Does the student organize ideas well? Can the student write clear, effective expository prose?

Excellent_________ Good_________ Average_________ Poor_________ No Opportunity to Observe_________

Comment: ______________________________________________________________________________________
_______________________________________________________________________________________________

RELIABILITY: Does the student attend class regularly? Does the student submit assignments on time? Does he or she keep appointments?

Excellent_________ Good_________ Average_________ Poor_________ No Opportunity to Observe_________

Comment: ______________________________________________________________________________________
_______________________________________________________________________________________________

ABILITY TO DEAL WITH OTHERS: Does the student accept criticism well? Does the student speak in class? Does the student participate usefully in class discussions?

Excellent_________ Good_________ Average_________ Poor_________ No Opportunity to Observe_________

Comment: ______________________________________________________________________________________
_______________________________________________________________________________________________

HOW WELL DO YOU KNOW THIS STUDENT?

Well_________ Somewhat Well_________ Slightly_________ Not well at all_________

Comment: ______________________________________________________________________________________
_______________________________________________________________________________________________

Would you recommend this student for a Writing Internship? _____________________________________________

Signed: _________________________________________________ Date: __________________________

Printed Name: ____________________________________________ Department: ____________________________