

**STATE OF CONNECTICUT  
LEGISLATIVE INTERNSHIP PROGRAM  
On-Campus Advisor Recommendation Form**

Application Deadline: **November 1** To Be Completed by: **On-Campus Program Advisor ONLY**  
(Please print):

**Student's Name**  **School**

Thank you for taking the time to meet with the applicant and complete this recommendation.  
Your initial screening and evaluation comments are instrumental to the selection process.

**Please check items below to confirm the candidate meets the following program criteria:**

- 18 years of age or older  GPA of at least 2.7; **Cumulative GPA:**
- Enrolled and Matriculated Undergraduate Student
- Will/has complete[ed] 20 credits by program start;
- Is/will be registered for appropriate course in order to receive credit for the internship

**How would you rate the applicant in the following areas?**

	Out-standing	Above Average	Average	Below Average	Other/Comment
Initiative/Self-motivation	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	
Verbal Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Written Communication					
Dependability/Follow Through					
Maturity					
Internship Relevance to Career Goals					

Your evaluation of the applicant's program suitability, including their motivation, interpersonal skills, and potential for benefiting from a legislative internship, would be particularly useful to the committee in their decision making. **Please use the space below, and/or another page, for comments in this regard, as well as any additional information you feel relevant to the selection process.**

**Name, Title, and Position (please print)**

**Based on my interactions with this student I would (please check one):**

- Highly Recommend /**  **Recommend /**  **Not Recommend this student for the program.**

**Signature:**  **Date:**

\*\*\*\* A separate form is available should you/the student wish to solicit input from their personal advisor/department sponsor. It cannot replace your evaluation and should only be submitted **in addition** to your recommendation form. **Questions? Contact the Director, Angie Waszkiewicz at: (860) 240-0520, e-mail: [angie.waszkiewicz@cga.ct.gov](mailto:angie.waszkiewicz@cga.ct.gov). Fax: (860) 240-0122\*\*\*\***