STATE OF CONNECTICUT
LEGISLATIVEINTERNSHIP 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 regristered for appropriate course in order to receive credit for the intership

How would you rate the applicant in the following areas?

	Out-standing	Above Average	Average	Below Average	Other/Comment
Initiative/Self-motivation	○	○	○	○	
Verbal Communication	○	○	○	○	
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 at: (860) 240-0520, e-mail: Lisa.Roy@cga.ct.gov. Fax: (860) 240-0122****