

STATE OF CONNECTICUT LEGISLATIVE INTERNSHIP PROGRAM

Advisor/Department Sponsor

Department Sponsor Recommendation Form

This optional form can be used by the applicant's Department Sponsor/Advisor and should be submitted by the student as part of their recommendation materials to the On-Campus Program Advisor. It does not replace the required On-Campus Advisor Recommendation Form or the applicants required letters of recommendation. If chosen to be used, the student should make their On-Campus Program Advisor aware to coordinate receipt of it with appropriate time to review in advance of the Nov. 1st Application Deadline.

(Please print):
Student's Name

College/University

Thank you for taking the time to complete this recommendation for an applicant to the State of Connecticut Legislative Internship Program. Your comments are important to the selection process.

How long have you known the applicant?

In what capacity?

How would you rate the applicant in the following areas?

Table with 6 columns: Initiative/Self-motivation, Verbal Communication, Written Communication, Dependability/Follow Through, Maturity, Seriousness of Purpose/Relevance to Career Goals. Columns 2-5 are rated (Out-standing, Above Average, Average, Below Average) and Column 6 is Other/Comment.

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: