

University of Houston-Clear Lake
GRADUATE INTERNSHIP PROGRAM
Recommendation for Applicant's Admission

Instructions to Applicant:

Complete the information below and give this form to an appropriate person who is familiar with your accomplishments, educational abilities, and/or your potential for professional achievement. The form should either be returned to you, *sealed in an envelope as described below or may be emailed to the Internship Coordinator – Joyce Delores Taylor: TaylorJ@uhcl.edu*

Only ONE recommendation is required

Applicant Name: _____

Name of person writing recommendation _____

Check one of the following statements and sign below.

_____ I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this recommendation in my file at the University of Houston-Clear Lake.

_____ I do not wish to waive this right. Rather, I wish to retain the right to view this recommendation in my file at the University of Houston-Clear Lake.

Signature of Applicant _____

To the Recommender:

The applicant whose name appears above is applying for a graduate internship at the University of Houston-Clear Lake. We would appreciate your candid appraisal of the applicant. Please feel free to attach a letter.

As required by the Family Educational Rights and Privacy Act of 1974, an applicant may either elect to waive or not waive the privilege of viewing this recommendation. If the applicant has not checked the waiver statement and signed above, you should consider this form to be non-confidential.

Please return the form to the student in a sealed envelope with your name signed across the envelope flap or email it to Joyce Delores Taylor: TaylorJ@uhcl.edu

1. Please provide a separate brief narrative of the applicant's qualifications for a graduate internship. You may attach it to this form. Include the applicant's primary strengths and limitations; special or unique qualities or skills, or any other qualifications that you feel make this individual a viable candidate for a graduate internship.

2. Please assess the applicant relative to other employees or students you have known.

	Exceptional Top 5%	Excellent Top 10%	Above Avg. Top 25%	Average Top 50%	Below Avg. No Opportunity Lower 50% to Observe
Intellectual ability					
Analytical ability					
Imagination/Creativity					
Organizational ability					
Effectiveness in written communication					
Effectiveness in oral communication					
Ability at solving complex problems					
Initiative					
Persistence and drive					
Maturity					
Ability to meet deadlines					
Sense of humor					
Potential for success at a professional site					

3. What is your overall recommendation?

_____ **Strongly recommend**

_____ **Recommend**

_____ **Recommend with some reservation/s - please attach an explanation.**

_____ **Do not recommend – please attach an explanation.**

Signature: _____ **Phone #:** _____

Name of Person Providing Recommendation (please print): _____

Institution/Organization: _____

Position Title: _____

Email or Business Address: _____