



Internship Recommendation for _____ ID# A _____ (applicant name)

Note on confidentiality: Applicants will not have access to their application records. Pursuant to the Family Rights and Privacy Act of 1974, these records are temporary. After the process is complete, these forms do not become part of the student's permanent educational record.

Table with 5 columns: Statement, 3, 2, 1, N/O. Rows include statements like '* Demonstrates good work habits', '* Demonstrates a positive attitude and love of learning', etc.

In what capacity do you know the applicant? _____ Advisee _____ Instructor
If you have taught the applicant, please list courses taught _____

Please answer the question below:
Do you recommend this candidate be accepted to the OPSU Internship Program? ____ Yes ____ No

Signature of Evaluator _____ Name of Department _____ Date _____
Please email recommendation form to delilah.henderson@opsu.edu