

College Internship Summer Program

REFERENCE FORM

Director of Admissions
College Internship Program
17 Main Street
Lee, MA 01238

Please return completed forms directly to the address provided above.

APPLICANT INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

APPLICANT'S EMAIL: _____

APPLYING FOR ADMISSION TO THE 2010 SUMMER PROGRAM IN:

California Florida Indiana Massachusetts

EVALUATOR INFORMATION

An application for admission to the College Internship Summer Program requires evaluations from two people capable of judging the career and academic promise of the applicant. Please submit this form as soon as possible.

EVALUATOR'S NAME: _____

TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

SCHOOL OR COMPANY: _____

TELEPHONE NUMBER: _____ EMAIL: _____

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW DOES THIS APPLICANT COMPARE WITH HIS OR HER PEER GROUP IN ABILITY?

PERSONAL EVALUATION OF THE APPLICANT

What particularly qualifies this student for the College Internship Summer Program? Please include recent accomplishments and/or challenges. If you have any particular concerns regarding the applicant's participation, please explain:

EVALUATORS: Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.

PERSONAL CHARACTERISTICS

Please rate this student realistically in comparison to other students of similar ages.

	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulates gaming/computer use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT *(Please read carefully)*

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

SIGNATURE _____ DATE ____/____/____

Completed forms can be emailed to: admissions@collegeinternshipprogram.com or mailed to: Director of Admissions, C/O College Internship Program, 17 Main St, Lee, MA 01238