

RECOMMENDATION LETTER

To the Candidate

Please enter your name and name of your college or university. A copy of this form should be given to two individuals (a third is optional) who know you well. At least one letter must be from a faculty member (neither should be from a family member or friend). Each recommender should complete the bottom half of his/her copy. The recommender should provide the letter to you in a sealed envelope or mail it to TWC directly. All information is subject to verification

NAME _____

COLLEGE OR UNIVERSITY _____

Waiver of Access: I have requested that this recommendation be filed for use in the selection process for The Washington Center's internship programs. In accordance with the Family Educational Rights and Privacy Act of 1994, I have indicated my intention regarding access to this recommendation by checking one of the following options. The recommendation will be sent to placement supervisors.

- I waive access to this recommendation I do not waive access to this recommendation

Term for which you are applying

YEAR 20__ __

- Spring Semester Spring Quarter
 Summer Term Summer Quarter
 Fall Semester Fall Quarter

- Postgraduate Professional Development Program Spring
 Postgraduate Professional Development Program Summer
 Postgraduate Professional Development Program Fall

Signature of applicant

Signature _____

Date _____

To the Recommender

Thank you for taking the time to write on behalf of this applicant to The Washington Center for Internships and Academic Seminars. Please answer all the questions listed on the table. **On a separate sheet of paper (institutional or business letterhead), please tell us why you endorse the student as an applicant for The Washington Center's Internship Program.** Be sure to address what you know about the student's academic and professional experiences, participation in extracurricular activities, and work in school, government and community service. All letters should be written in English. Please give the letter and this form to the applicant, in a sealed envelope, or send it directly to:

Enrollment Services
The Washington Center
1333 16th Street, NW
Washington, D.C. 20036

We suggest you retain a copy for your records. We appreciate your efforts on behalf of this candidate and look forward to hearing from you.

NAME AND TITLE (PRINT) _____

ORGANIZATION _____

DAYTIME PHONE _____ FAX _____ E-MAIL _____
AREA CODE NUMBER AREA CODE NUMBER

SIGNATURE _____ DATE _____

How do you rate the candidate on the following criteria?

	OUTSTANDING	VERY GOOD	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNOBSERVED
INTELLECTUAL CURIOSITY						
SERIOUSNESS OF PURPOSE						
MOTIVATION						
CONCERN FOR OTHERS						
LEADERSHIP						
ACADEMIC ACHIEVEMENT						
POTENTIAL FOR GROWTH						

How long have you known this applicant? _____

In what capacity? _____