Application Deadline: February 15, 2023

Applicant:
Please ask your recommenders to fill out this form and send it directly to Martin B. Shaffer, Ph.D., at the address specified below. This recommendation form is required; submission of an additional letter of recommendation is optional.

Applicant Name: _____________________________________________________________

(last) (first) (middle)

Please check one: ___ I waive my right to examine this recommendation
___ I do not waive my right to examine this recommendation

Applicant Signature: _________________________________________________________

Recommender:
The Albany Summer Internship Program is a competitive program involving a full-time, 6-week residential internship in the city of Albany. Participants work in a professional setting for 4 days a week. The ideal applicant possesses strong academic skills and a high level of maturity, motivation, and independence. Successful candidates typically have a GPA of 3.0 or above (4.0 scale) and have completed 60 or more undergraduate credits.

Recommender Information (please print):

Name: _____________________________________________________________

Title: ________________________________________________________________

Phone: ________________________________

Email: ______________________________________________________________

What is your relationship to the applicant? ______ Advisor _____ Faculty

How long have you known this student? ______________________________________

(Continued on next page)
Please rate the student’s abilities using a scale of 1-5, with 1 providing the lowest rating and 5 the highest:

___ Ability to work independently
___ Ability to meet deadlines
___ Ability to follow direction
___ Analytical skill level
___ Writing skill level
___ Verbal skill level
___ Ability to accept constructive criticism
___ Ability to succeed in a professional workplace
___ Overall academic capability
___ Overall maturity and motivation

Comments: (if desired, a recommendation letter may substitute for this section)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please check one of the following:

___ I strongly recommend this student for the Albany Summer Internship Program.
___ I recommend this student with reservations.
___ I do not recommend this student.

Recommender’s signature: ___________________________ Date: ________________

Please retain a copy of this form for your records. Completed forms may be sent via e-mail, fax, or regular mail to the following address:

    Martin Shaffer, Ph.D.
    Albany Summer Internship Program
    School of Liberal Arts
    Marist College
    Poughkeepsie, NY 12601
    Martin.Shaffer@marist.edu
    FAX: 845-575-3410

The recommendation can also be dropped off for Dr. Shaffer at the School of Liberal Arts office in Fontaine 200.