

Faculty/Advisor Recommendation Form

Application Deadline: February 6, 2026

Applicant Name:	(last)	(first)	(middle)
Please check one:	I waive my right	(<i>Jirsi)</i> t to examine this recommenda ny right to examine this recom	tion
Applicant Signatu	ıre:		
internship in the applicant possess	city of Albany. Partic es strong academic ski	sipants work in a professional ills and a high level of maturit	nvolving a full-time, 6-week residential setting for 4 days a week. The ideal cy, motivation, and independence.
undergraduate cr		·	e) and have completed 60 or more
undergraduate cr Recommender In	edits.	ıt):	e) and have completed 60 or more
undergraduate cr Recommender In Name:	edits. formation (please prin	ıt):	e) and have completed 60 or more
undergraduate cr Recommender In Name: Title:	edits. formation (please prin	it):	e) and have completed 60 or more
undergraduate cr Recommender In Name: Title:	edits. formation (please prin	it):	e) and have completed 60 or more

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Please rate the student's abilit	ies using a scale of 1-5, with 1 providing the lowest rating and 5 the highest:
Ability to work in	denendently
Ability to meet de	
Ability to follow d	
Analytical skill lev	
Writing skill level	
Verbal skill level	
Ability to accept o	constructive criticism
	in a professional workplace
Overall academic	
Overall maturity a	- •
Comments: (if desired, a recon	nmendation letter may substitute for this section)
Please check one of the follow	ing:
I strongly recommend thi	is 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 fo mail to the following address:	rm for your records. Completed forms may be sent via e-mail, fax, or regular
Martin Shaffer,	. Ph.D.
	er Internship Program
School of Liber	
Marist College	
Poughkeepsie,	NY 12601
Martin.Shaffer	

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