

# ACADEMIC REFERENCE FORM



**WASHINGTON, DC**  
**internship experience**  
The University of Mississippi Division of Outreach and Continuing Education

Student Applicant's Name \_\_\_\_\_

UM ID Number \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_ \_\_\_\_\_  
Email Address

The above-named applicant is applying to The University of Mississippi's Washington Internship Experience (WIE). This program combines academic coursework with an internship. Admission to the WIE is highly competitive and your letter of recommendation is very important in helping us make an admission decision regarding this student. Please complete the following information and return it to Kristina Phillips, WIE Coordinator.

Check all that apply:  Instructor  Academic Advisor/Counselor  Other: \_\_\_\_\_

**1. Briefly describe how long you have known the applicant and in what capacity.**

\_\_\_\_\_  
\_\_\_\_\_

**2. In comparison with other students you have known, rate the applicant on the following characteristics:**

	Excellent	Above Average	Average	Poor	Unknown
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain in detail any "poor" or "unknown" responses.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What is your basis of assessment? (check all that apply):**

- Coursework  Reports of Others  Interview  
 Review of Writing/Oral Presentations  Personal Interaction  Records Review  
 Other: \_\_\_\_\_

4. If you were the director of the applicant's proposed program, would you be eager to have this student as a participant? Why? Why not?

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5. Please provide a brief statement about the student that addresses his or her strengths and weaknesses as they relate to the proposed off-campus study experience. Include your recommendation and any other information that you feel would be relevant to the application.

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Signature

Date

Name *(please print)*

Title

Institution

Department

Address: Street

P.O./Campus Box

City

State

ZIP

(\_\_\_\_\_) \_\_\_\_\_  
Phone

(\_\_\_\_\_) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

**Return to the WIE Coordinator:**

Kristina Phillips  
Washington Internship Experience  
103 E.F. Yerby Conference Center  
P.O. Box 1848  
The University of Mississippi  
University, MS 38677-1848

Phone: (662) 915-2746  
Fax: (662) 915-5138  
Email: knp@olemiss.edu