

ACADEMIC REFERENCE FORM



The University of Mississippi Division of Outreach and Continuing Education

internship experience

Student Applicant's Name

UM ID Number

Telephone Number

Email Address

The above-named applicant is applying to The University of Mississippi's Internship Experiences. This program combines academic coursework with an internship. Admission to the Internship 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 Toya Heard, Program 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:

Rating	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?

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.

Signature

Date

Name (please print)

Title

Institution

Department

Address: Street

P.O./Campus Box

City

State

ZIP

()
Area Code Phone

()
Area Code Fax

Email Address

Return to the Program Coordinator:

Toya Heard
Internship Experiences
1111 Jackson Avenue Center, Suite H
Post Office Box 1848
The University of Mississippi
University, MS 38677-1848

Phone: (662) 915-2982
Fax: (662) 915-5138
Email: toya@olemiss.edu