

FLORIDA GULF COAST UNIVERSITY

Legislative Internship Program

REFERENCE RATING

APPLICATION REQUIRES RATINGS FROM TWO INDIVIDUALS

APPLICANT NAME (Print or Type) _____

PROGRAM OF STUDY _____

To the applicant:

Under the Family Education Rights to Privacy Act of 1974 as amended, applicants have the right to access this evaluation/recommendation form unless they choose to waive this right freely and voluntarily.

I have read the information above and I hereby

- waive any and all access rights to this evaluation and agree that the statement shall remain confidential.
- do not waive my right to access this evaluation form and agree that I have the right to read this evaluation form.

Applicant Signature

Date

Instructions. *The individual named above has submitted an application for admission to the Office of Government Relations and has identified you as a possible reference. We would appreciate your assistance in our selection process by completing and returning this evaluation form to the above address.*

Relationship to the Applicant

- Academic Advisor
- Employer/Supervisor
- Professor
- Other _____

How long have you known the applicant? _____

Please rate the applicant on qualities that you feel you can judge and provide a narrative supporting your ratings.
 (Attach a separate sheet if necessary and/or submit an attached letter of reference)

(4 - Outstanding; 3 - Above Satisfactory; 2 - Satisfactory; 1 - Below Satisfactory; 0 - Not Observed)						NARRATIVE
	4	3	2	1	0	
ANALYTICAL/CONCEPTUAL SKILLS						
COMMUNICATION SKILLS						
A. ORAL						
B. WRITTEN						
ABILITY TO WORK WITH OTHERS						
A. PEERS/COWORKERS						
B. FACULTY/SUPERVISOR						
INITIATIVE/SELF DIRECTED						

(4 - Outstanding; 3 - Above Satisfactory; 2 - Satisfactory; 1 - Below Satisfactory; 0 - Not Observed)						
	4	3	2	1	0	NARRATIVE
ABILITY TO MAINTAIN COMPOSURE UNDER STRESS						
RESPONSIBILITY						
LEADERSHIP SKILLS						
ORGANIZATION SKILLS						
PERSONAL INTEGRITY						
FLEXIBILITY						
POTENTIAL FOR PROFESSIONAL SUCCESS						

RECOMMENDATION

- I HIGHLY RECOMMEND THIS APPLICANT FOR THE INTERNSHIP WITHOUT ANY RESERVATIONS.
- I RECOMMEND THIS APPLICANT FOR THE INTERNSHIP.
- I RECOMMEND THIS APPLICANT FOR THE INTERNSHIP WITH SOME RESERVATIONS.
- I DO NOT RECOMMEND THIS APPLICANT FOR THE INTERNSHIP.

Signature

Date

Name (Print or Type)

Title

Address

Address

City

State

Zip Code

(_____) _____
Telephone Number

E-mail Address