

## INTERNSHIP FACULTY SUPERVISOR RECOMMENDATION

Faculty Member: _					
Department: Course(s) taken from you:					
GRADE,		GRADE,		GRADE	
Please rate prospect					
	Outstanding	Very Good	Average	Marginal	Unsatisfactory
Ability in the field					
Initiative					
Communication					
Punctuality					
Attendance					
Attitude					
Professionalism					
ADDITIONAL COMM				ultu advisav fr	ov the student
I would would during an internship		e willing to se	rve as a raci	iity advisor it	or the student
By signing this form internship application					
DATE			FACULTY SIGNATURE		

Please return completed form to the Coordinator, Internship and Job Services, Bonnie Saunders, STC 138, basaunders@hagerstowncc.edu