

RECOMMENDATION FORM

APPLICANT:

Copies of this form should be given to two individuals. 1) to a faculty member or instructor in your major (or minor for non-majors) who knows you well enough to provide an informed assessment of your academic strengths and weaknesses and 2) a present or past employer or internship supervisor, someone you have volunteered with, or a campus activity supervisor who knows you well enough to provide an informed assessment of your strengths and weaknesses.

Before giving the form to your recommender, please fill in the below portion of page 1. Have each recommender return the recommendation to the address below in a sealed envelope, signed across the seal.

Last name, first name	Semester applying for	Year
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Under the provisions of the Family Education Rights and Privacy Act (choose one):

- I retain my right to access/view this recommendation.
- I waive my right to access/view this recommendation.

Applicant's signature: _____ Date _____

Name of recommender: _____

RECOMMENDER:

The SULA Semester is an immersive professional development program that provides students with the unique opportunity to work as interns at a Los Angeles media company while taking entertainment industry-related academic courses. Our objective is to provide students with experiences that, in combination with their academics, will provide necessary skills to be successful post-graduation.

We expect a high level of professional and personal behavior to carry through to all that a student does during their semester in Los Angeles.

Please complete the back (page 2) of this form. You are welcome to use the comments section to further describe evidence of the applicant's skills, academic background, temperament, and discipline to succeed in the SULA Semester program.

Upon completion, please mail along with signature across the envelope seal to:

SULA Semester
S.I. Newhouse School of Public Communications
215 University Place, Newhouse 2-Room 370
Syracuse, New York 13244

Application Deadlines: September 15 - Spring / January 30 - Summer / February 8 - Fall

Name of recommender (please print) _____

Organization _____ Title / Position _____

May we contact you if we have questions about your recommendation?

Telephone number _____ E-mail _____

Relationship to applicant: _____

(Approx.) How long have you known applicant? _____ (Years or Months)

How well do you feel you know the applicant? ____ very well ____ fairly well ____ acquaintance

Please give your appraisal of the applicant in terms of the qualities listed below.

APPLICANT	Above Average	Average	Below Average	Unable to Judge
Commitment to Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Career Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative / Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity / Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Recommendation:

___ Strongly recommend ___ Recommend ___ Recommend with reservation ___ Do not recommend

COMMENTS:
