

RECOMMENDATION FORM

APPLICANT (STUDENT SECTION):

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 one. Have each recommender return the recommendation to Anna Proulx, asproulx@syr.edu.

Applicant's (student) name: Last name, first name Semester applying for Year

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 VPA LA 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 page two 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 VPA LA Semester program.

Upon completion, please return this along with signature to:

VPALASemester
Anna Proulx
asproulx@syr.edu

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

Commitment to Career Goals

Communication Skills

Initiative / Drive

Maturity / Reliability

Overall Recommendation:

Strongly recommend

Recommend

Recommend with reservation

Do not recommend

COMMENTS:

Recommender signature:

Date: