



INTERNSHIP RECOMENDATION

Thank you for your support of a student interested in the Cogdell Memorial Hospital Summer Internship Program (SIP)! This summer internship program is an educational summer program that provides high school age students with unique and exciting opportunities to explore the world of medical training and practice.

This form may be completed by any reference familiar with the student from an academic setting, i.e. teacher, counselor, principal. The feedback shared will play a role in determining whether the student will be accepted into the Summer Internship Program. **Please return your recommendation to the student in a sealed and signed envelope; students must have completed applications with references hand delivered to us by May 15th or mailed applications postmarked by May 12th.**

Part I: Student & Recommender Information

Student's Name:	
Recommender's Name:	
Title:	
High School:	
Phone:	
Email:	

Part II: Recommendation

1. How long have you known the applicant?

Academic references should proceed to #2 and personal references to #4.

2. What classes of yours has this student taken? Do you know the student under different academic circumstances?

3. Please describe the applicant's academic performance, including attendance, attitude, and responsibility.

[PLEASE TURN TO THE NEXT PAGE]

4. Please check how you rate the applicant based on observations and interactions:					
	Strongly Agree	Agree	Neutral	Somewhat Agree	Disagree
Has a positive attitude					
Demonstrates leadership					
Self-starter, innovative					
Has intellectual curiosity					
Is able to ask for help					
Takes responsibility for own actions					
Treats others with respect					
Is endorsed as a candidate for SIP					
5. Based on your observations, please describe the applicant's initiative and leadership capabilities.					
6. Does the applicant demonstrate a level of maturity and academic preparedness that is consistent with a strong potential for success in college and/or in a medical career? Describe any concerns you may have.					
7. Is there additional information you feel would assist the Cogdell Memorial Hospital in evaluating the applicant for internship?					

Part IV: Acknowledgment	
I have read and understand the information about the Cogdell Memorial Hospital's Summer Internship Program. In submitting this recommendation, you submit that the statements are answered to the best of your knowledge about the student.	
Signature of Recommender:	Date: