Government of the District of Columbia
Department of Health

COLLEGE INTERNSHIP PROGRAM
RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

FULL NAME (last, first middle) _____

SOCIAL SECURITY NUMBER (LAST 4 DIGITS) XXX-XX-_____

COLLEGE/UNIVERSITY _____

GRADUATION DATE _____

APPLICATION PERIOD: ☐ Summer ☐ Fall ☐ Spring

MAJOR _____

Thank you for taking the time to complete this recommendation for an applicant to the Department of Health College Internship Program. This program is designed to provide undergraduate and graduate students the opportunity to learn more about the Department of Health. Through experience directly related to their academic field, students will work under the supervision of professional staff members in one of the department's administrations. Your evaluation and letter of recommendation will be important in the selection process.

How long have you known the applicant, and in what capacity? _____

Please rate the applicant in the following areas:

	Below Average	Average	Good	Very Good	Excellent
Academic Ability	☐	☐	☐	☐	☐
Academic Potential	☐	☐	☐	☐	☐
Curiosity/Initiative	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐

Written evaluations of the applicant's academic and work experience, participation in extracurricular activities, motivation and potential from benefitting from a Department of Health internship are particularly useful to the review committee in making decisions.

The application deadlines are July 1, November 1 and May 1. Please return your recommendation via email to doh.internship@dc.gov in time for inclusion in the review process.

NAME _____ **TITLE** _____

ORGANIZATION _____ **EMAIL** _____

SIGNATURE _____ **DATE** _____