



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

MAJOR

APPLICATION PERIOD YEAR _____

Summer Fall Spring

TO BE COMPLETED BY THE REFERENCE

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	<input type="checkbox"/>				
Academic Potential	<input type="checkbox"/>				
Curiosity/Initiative	<input type="checkbox"/>				
Dependability	<input type="checkbox"/>				

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 _____