


**HOPE COLLEGE**  
**DEPARTMENT OF COMMUNICATION**  
**INTERNSHIP PROGRAM**

**Faculty Recommendation**

\_\_\_\_\_ (Name of Applicant) is applying for an internship through the Department of Communication Internship Program. This is an opportunity to earn academic credit for professional experience in the field of communication.

Faculty Member:	Date:	Phone:
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Please describe your relationship to the student applicant. (Include any courses that the student may have taken with you.)

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Please circle the appropriate number for the following attributes:

	<i>Poor</i>		<i>Good</i>		<i>Excellent</i>
Overall academic performance	1	2	3	4	5
Motivation	1	2	3	4	5
Responsibility	1	2	3	4	5
Analytical skills	1	2	3	4	5
Communication skills	1	2	3	4	5
Presentation skills	1	2	3	4	5
Overall potential as an intern (skills, ability, attitude, maturity)	1	2	3	4	5

Do you recommend the student for a Communication Internship?    \_\_\_Yes    \_\_\_No

*Over please →*

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Comments: (If you marked “no,” please explain.) \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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Other comments: (Please feel free to make other general comments about the student and what you feel are his/her strengths and weaknesses in relation to possible internship participation.)  
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**Please return completed form to:**

Director of Internships  
Department of Communication  
Hope College  
Martha Miller Center 107  
257 Columbia Avenue  
Holland, MI 49423