

College Internship Program

MAILING REFERENCE FORM

18 Park Street
Lee, MA 01238
1-877-Know-CIP
admissions@berkshirecenter.org

APPLICANT INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

APPLICANT'S EMAIL:

APPLYING FOR ADMISSION TO: BERKSHIRE____ BREVARD____ BLOOMINGTON____ BERKELEY____

FALL SEMESTER

SPRING SEMESTER

EVALUATOR INFORMATION

An application for admission to the College Internship Program requires evaluations from three people capable of judging the career and academic promise of the applicant. Please submit this form as soon as possible.

EVALUATOR'S NAME:

TITLE:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

SCHOOL OR COMPANY:

TELEPHONE NUMBER:

EMAIL:

IN WHAT CAPACITY DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT?

HOW DOES THIS APPLICANT COMPARE WITH HIS OR HER PEER GROUP IN ABILITY?

PERSONAL EVALUATION OF THE APPLICANT

What particularly qualifies this student for study at the College Internship Program? Information about accomplishments will be particularly helpful. If you have any reason to believe that the applicant should not be considered, please explain.

DOES THIS APPLICANT HAVE THE MATURITY AND MOTIVATION TO SUCCEED?
(Please explain below)

EVALUATORS: Please feel free to add information about your own educational and professional background if you feel that such information will enhance our understanding of your evaluation.

ACKNOWLEDGEMENT *(Please read carefully)*

I AFFIRM THE ACCURACY OF ALL STATEMENTS ON THIS FORM. (Sign below)

YES____ NO____ SIGNATURE_____ DATE ____/____/_____