

*You may photocopy this form.*

# Lowcountry AHEC 2017 SUMMER INTERNSHIP PROGRAM

## RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

In the space provided, please discuss why you would recommend the above applicant as a participant in the Lowcountry AHEC Summer Internship Program. In your evaluation, we would like you to consider the following qualifications: academic achievements, leadership skills, relationships with instructors and peers, and any other outstanding qualities (or strengths or weaknesses).

**Evaluation Form\*\*Please also complete the evaluation form below.**

	Outstanding	Good	Satisfactory	Fair	Poor	No Opportunity to Observe
Class Effort						
Comprehension						
Accuracy/Attention to Detail						
Attendance						
Communication Ability						
Cooperation						
Social Skills						
Leadership						
Intellectual Independence						
Classroom Behavior						
Maturity						

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

**PLEASE MAIL (POSTMARKED BY May 29, 2017) TO:**

**Lowcountry AHEC  
c/o Katura Williams  
87 Academy Road  
Walterboro, South Carolina 29488  
(843) 782-5052 office**