

Faculty Recommendation for Public History Internship

Public and Oral History Program, History Department
California State University, San Bernardino

Student Section:

Name: _____

Student ID Number: _____ Major: _____

E-mail: _____ @ _____

GPA: _____ Credit Hours completed in History: _____

Course(s) taken with recommending faculty member: _____

The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation as well as the ability to expressly waive this right. Waiving the right to have access to this recommendation is optional and is not a condition for acceptance to the internship program. Please see program coordinator with any questions or concerns regarding this waiver.

I have read and understand the regulations concerning the waiver of access to confidential letters of recommendation. Having read this information, I choose one of the following options below:

_____ I agree to waive access to this letter of recommendation.

_____ I do not agree to waive access to this letter of recommendation

Student Signature: _____ Date: _____

Faculty Section:

Name: _____ Department: _____

Email: _____ Phone: _____

How long have you known student? _____ In what capacity? _____

Please rank responses to questions below according to scale:

- 1 = Needs significant improvement
- 2 = Needs some improvement
- 3 = Adequate
- 4 = Above average
- 5 = Superior
- NB = No basis for judgment

Student's ability to work independently	1	2	3	4	5	NB
Student's level of maturity/professionalism	1	2	3	4	5	NB
Student's ability to complete assignments on time	1	2	3	4	5	NB
Student's ability to work in a team	1	2	3	4	5	NB
Independent research skills	1	2	3	4	5	NB
Written and verbal communication skills	1	2	3	4	5	NB

Is there anything that we should know about this student that would assist us in placing him/her in an internship?

Thank you for taking the time to complete this recommendation form. Please sign form, place in envelope, and sign the seal. Return signed, sealed recommendation for to student for completion of application or send directly to:

Public History Internship Coordinator
History Department, SB 327
California State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407

If you have any questions regarding this form or the Public History Internship program, please contact Dr. Lyon at (909) 537-3836 or email at clyon@csusb.edu.

Faculty Signature: _____ Date: _____