

DiversityFIRSTTM Internships Program

Professional/Personal Recommendation Form

I, _____, request that you complete this recommendation form, a requirement for my application for the **DiversityFIRSTTM Internships Program**. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the **DiversityFIRSTTM Internships Program**.

(Signature of applicant) (Date)

Applicant's Name _____

Address _____

City _____ State ___ Zip _____

The above student has applied to participate in the **DiversityFIRSTTM Internships Program**. The selection committee is seeking a frank appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant.

Please attach additional sheet(s) as necessary. **Enclose this form with your recommendation in sealed envelope and return to applicant.**

Printed Name

Title

Phone

Email

Signature

Date