



# PROFESSIONAL INTERNSHIP PROGRAM FACULTY RECOMMENDATION FORM

Recommendations may also be  
Submitted via e-mail to:  
Robert Thill, [thill@cooper.edu](mailto:thill@cooper.edu)

**CENTER FOR  
CAREER DEVELOPMENT**

We would like your evaluations of the student's ability, motivation and reliability. In what capacity have you known the student and for how long? Is the student prepared to benefit from an internship?

Name of Student: \_\_\_\_\_

\_\_\_\_\_  
(Faculty Signature)

\_\_\_\_\_  
(Faculty Name)

Date: \_\_\_\_\_

*Please return this form to the Center for Career Development, 29 Third Avenue, 3rd Floor, New York, NY 10003*