

You may photocopy this form.

Lowcountry AHEC 2024 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 FormPlease 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 3rd, 2024) or Print and Email TO:

Lowcountry AHEC
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(843) 782-5052 office