

Personal Recommendation Form

Name of Student (applicant) _____

Name/Title/Affiliation of person submitting recommendation: _____

E-mail of person submitting recommendation: _____

Phone number of person submitting recommendation: _____

Context and length of time for which you have known the applicant _____

Rate applicant on a scale of 1-5 (5 highest):

	5	4	3	2	1	no information or not relevant
Intelligence						
Maturity						
Responsibility						
Team work						
Motivation						
Work Ethic						
Reliability						
Personal Initiative						
Independence						
People skills						
Peer Relationships						
Jewish religious commitment						
Jewish religious practice						

Other Comments – please add any information that you feel might be useful in our evaluating the appropriateness of the applicant for the BIU/YU summer research internship program: