

## Miller Internship Award Faculty Recommendation Form

Please comment on the student's ability to succeed in their internship, what you think the student will gain from this experience and how this experience relates to the student's career plans.

*Please either upload your letter or cut and paste it into the box provided below.*

**Students will not be considered if their application is incomplete or late. The deadline is Friday, April 11, 2014 at 5:00pm.**

Faculty Name \*

Student Name \*

Based on my knowledge, experience and interactions with the student, I \_\_\_\_\_ this student for the award. \*

- ☐ Strongly Recommend  
☐ Recommend  
☐ Recommend with Reservation

Recommendation

Recommendation

Choose File No file selected

Submit