

**Faculty Letter of Reference Form**

The student listed below has applied to

participate in Work Based Learning. Please assist us by completing this form and

returning it to the school Work Based Learning Coordinator as quickly as possible.

Thank yo

In order to assist our student evaluation efforts, we ask that you please assist us by completing this form and returning it to the Sydney Internship Program Office as soon as possible. -Thank you

**Student Name (Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by S P Jain faculty and emailed to sydneyinternships@spjain.edu.au (\*-required)

|  |
| --- |
| **FACULTY INFORMATION** |
| **Faculty Name:**  |
| **Course(s):** |
| **\*Email: \*Phone #:**  |

Please check in the appropriate column the factors for which you have adequate information for appraisal

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information for apprais

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Good** | **Fair** | **Poor** |
| 1. Quality of academic work |  |  |  |
| 2. Attention to detail |  |  |  |
| 3. Punctuality |  |  |  |
| 4. Eagerness to learn |  |  |  |
| 5. Attitude |  |  |  |
| Would you recommend this student for an internship opportunity? □ Yes □ No (If no, then please explain in the “Comments” section) |
| Comments: |
|  |
| Print Name: Date: |
| Signature: Date: |
| **OFFICE USE ONLY** |
| Received by: | Date: |  |
| Reviewed by: | Date: |  |
| Faculty verified: □ Yes □ No | Date: |  |