

FACULTY RECOMMENDATION FORM

*Wahi Kupuna Internship Program
Summer 2019*

3. Please describe the applicant's personal qualities and social skills based on your interactions with them.

4. Please describe the student's academic strengths and weaknesses (e.g. writing, research and presentation skills)

5. Do you have additional comments in regards to this student? *(Please attached additional sheets if necessary)*

This recommendation form will be used for selection purposes only; it will not be made part of the student's educational record and no reference will be made to it for educational purposes after a decision is made on the applicant's selection.

Please fill in the following information, sign, date, and submit form directly to the WKIP via email: momi@huliauapaa.org

Name: _____ Title: _____

Department: _____ Institution _____

Phone: _____ Email: _____

Signature

Date