

# RECOMMENDATION FORM: HIGH SCHOOL STUDENT INTERNSHIP PROGRAM

Keck Graduate Institute (a member of the Claremont Colleges)

Application Deadline: May 20, 2011

Program Dates: June 13 – August 12, 2011 (flexible)

### Name of Applicant:

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

### Recommender Name and Contact Information:

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Name of High School: \_\_\_\_\_ School District: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### To the Recommender:

The student is applying for participation in a high school summer internship program at Keck Graduate Institute in Claremont, CA ([www.kgi.edu](http://www.kgi.edu)). We offer a limited number of unpaid internship opportunities to exceptionally motivated and academically strong high school students, to gain hands on research experience, and learn about the pursuit of a science or engineering related college education and professional career. This high school internship program runs in parallel with our summer undergraduate research program. High school students work under the supervision of a KGI faculty mentor, initially shadow undergraduate students and other researchers at KGI, and are then able to engage in a small, well defined research project matched to their skills and knowledge. High school students further are able to participate in summer undergraduate research program activities such as seminars, workshops, and field trips.

For more information, please see: <http://www.kgi.edu/Academic-Programs/K12-Program/Student-Internships.html> (or go to [www.kgi.edu](http://www.kgi.edu), then browse to Academic programs – K12 Program – student internships)

How long have you known the student? \_\_\_\_\_

How well do you know the student? \_\_\_\_\_

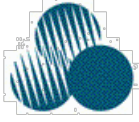
Which of your classes has the student attended? \_\_\_\_\_

Have you interacted with the student outside the regular classroom? \_\_\_\_\_

If yes, please describe briefly: \_\_\_\_\_

### Please rate the student relative to his/her peers in terms of:

	Exceptional (Top 5%)	Very Good (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (lower 50%)
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Science and Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability and Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Recommendation:** Please comment on your impressions from personal interactions with the student, and how well suited you consider the student to be for this internship opportunity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this recommendation form to the student in a sealed envelope with your signature across the seal.**

**Questions? Contact:**

**Dr. Angelika Niemz**  
**Associate Professor**  
**Internship Program Coordinator**  
[aniemz@kgi.edu](mailto:aniemz@kgi.edu)  
**(909) 607-9854**